ASSESSMENT OF PSYCHO SOCIAL PROBLEMS AMONG ELDERLY PEOPLE

A DISSERTATION SUBMITTED TO THE TAMILNADUDR.M.G.R.MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING.

APRIL– 2016

A DESCRIPTIVE STUDY TO ASSESS THE PSYCHO SOCIAL PROBLEMS FACED BY THE ELDERLY LIVING IN THEIR OWN HOMES IN SELECTED AREA AT DINDIGUL DISTRICT.

Mr. NIRMAL KUMAR MOSES

A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

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CERTIFICATE

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EXAMINERS

INTERNAL **EXTERNAL**

1. _____ **2._____**

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PSALMS 128:5

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ABSTRACT

The present research project is "**A descriptive study to assess the psychosocial problems faced by the elderly living in their own homes in selected area at Dindigul District**." was done by **Mr.Nirmal Kumar Moses** as a partial fulfillment of the requirement for the Degree of Master of science in Nursing to the Tamilnadu Dr.M.G.R. Medical University, Chennai.

The objectives of the study are

1. To assess the psycho social problems among elderly
2. To find out the association between psycho social problems and their selected demographic variables.

Based on the objectives the following hypothesis was formed

The hypothesis was tested at 0.05 level of significance.

- There will be significant association between the psycho social problems and selected demographic variables of elderly

In this study a non experimental, descriptive design was adopted. Simple random sampling technique was used to select 120 samples. The instrument used for data collection consists of two sections. Section one was demographic variables and section two was questionnaire to assess the level of psycho social problems of elderly. The content validity of tool was established by giving to five experts in the field of nursing, psychiatry, social work, psychology and statistics. Data were collected for 6 weeks.

Descriptive statistics (frequency and percentage, mean) and inferential statistics (chi- square) were used to analyze the data.

Study findings were as follows;

With regard to age half (50%) of the samples were between 61-70 years and another half (50%) between 71-80 years .majority (69%) of the samples were Hindus. Just nearly half (33%) of the samples had high school education. Most (44%) of the samples were divorced/separated. Nearly half (45%) of the samples were previously employed. About 43% of the samples were belonging to joint family. Majority (44%) of the samples are living with their children than with spouse or being alone. With regard to the source of income 34% of elderly people are getting their pension .money that they get is partially adequate (42%) to meet the present day needs. Nearly (43%) of the people stopped their work between 0-5 years. With the regard to role in the family at present majority (44%) of the samples are just suggestion makers. More than half (62%) of the people are taking responsibilities at home like taking care of the children and maintain the house. around (63%) of the people are participating in the religious activities. Nearly (44%) half of the samples had many friends and they too visit them frequently. Around (43%) of the people attend the social activities like marriage and common functions etc. Majority (35%) of the people have digestive problem as leading health issue. Interestingly during the time of illness (44%) the spouse takes care of them.

Majority of the samples had high level (43%) of psycho social problems, and (26%) of them had medium level of problem and 30 % of the elderly people had low level of psychosocial problems.

The level of psycho social problems according to individual domains are: More than half (62%) of the samples are unhappy and feel useless. Next to that nearly (61%) of elderly people are living the life without satisfaction and difficulty in social adjustment.(58%)of the people feel loneliness and (56%) of the sample think that they lost their status in life.

There is association between level of education and psycho social problem. There was no association between the psycho social problem with selected demographical variables such as age, sex, religion, marital status, previous occupation, family type, living with, the source of income, type of income, adequacy of money, years since stopped working, engaged in any activities at present, role in the family at present, participation in house hold activities and religious activities, number of friends, visit of friends and relatives, participation in social activities, physical problem, the person who takes care during illness

CHAPTER-I

INTRODUCTION

CHAPTER 1

INTRODUCTION

“Old age and the passage of time teach all things”

-Sophocles.

Back ground of the study

Aging is a universal process. In the words of Seneca "old age is an incurable disease". But more recently Sir James sterling Ross Commented" you do not heal old age, you protect it, you promote it and you extend it. These are in fact the principles of Preventive Medicine. A man's life is normally divided into five main stages namely infancy, childhood, adulthood and old age. In each of these stages an individual has to find himself in different situations and face different problems. The old age is not without problems. In old age physical strength deteriorates, mental stability diminishes; money power becomes bleak coupled with negligence from the younger generation.

In 2015, there are 901 million people aged 60 or over, comprising 12 per cent of the global population. The population aged 60 or above is growing at a rate of 3.26 per cent per year. The number of older persons in the world is projected to be 1.4 billion by 2030 and 2.1 billion by 2050, and could rise to 3.2 billion in 2100. Although projections indicate that India’s population above 60 years will be double in size between 2001 and 2026, the elders will account for 12.17 percent of overall population in 2026. Tamil Nadu has one of the highest proportions of elderly persons in the country, next only to Kerala and Goa. According to the 2011 Census, the elderly constitute 10.4 per cent of the total population of the state while the figure for

the country as a whole is 8.6 per cent. Of the approximately 7.5 million persons in Tamil Nadu who were 60 years of age or above in 2011, there are marginally more women than men (about 3.85 million women and about 3.66 million men). On the other hand, slightly more elderly persons live in rural areas compared to urban areas (about 4.03 million to about 3.48 million).

Some of the psychosocial problems include impaired memory, rigidity of outlook, sexual adjustments, irritability, jealousy, inner withdrawal, depression, harassment, exploitation, separation from the dear ones, living alone and none to help. Etc. Immediate medical care, physical and psychological alone may not be enough. We need to spend some quality time with them showing genuine concern. They deserve love care and respect for the simple reason that they brought you up with a load of problems and sacrifice.

Elders are like children with their mood swings, sometimes too quickly not allowing us enough time to grasp. Elders need attention at homes and if we don't give it, they start demanding it. When the elders begin to feel they are neglected, they adopt ways to attract attention from us and at times irritating. Mental agitation, restlessness, Falling sick often, nausea, vomiting and even suicide attempts could be just reactions to this neglect by family members. Older people are, need of vital support that will keep important aspects of their life-styles intact while identity and in turn it leads to low moral, decreased level of satisfaction, depression and feeling of loneliness and helplessness. Thus the problems associated with ageing are numerous. Broadly speaking the main problem of the aged in our country is related to socio psychological economic and health problems Old age homes are a need of today as

the life-styles are changing fast and diminishing acceptance of family responsibilities towards one's elders.

NEED FOR THE STUDY:

Older adults are the most rapidly growing segment of the population, in India life expectancy at birth are increased by about 20 years in the past 5 decades. According to the 2011 Census, the elderly constitute 10.4 per cent of the total population of Tamilnadu. The 1st of October every year is celebrated as "World elder's day" globally.

WHO report of 2004 states that 536 elderly people per 10,000 suffer from physical and psychosocial problems of old age, currently affects of age in our country, it is projected that by the year 2025, 4 million Indians will become victims of dementia. The theme of this age period is loss, and dealing with death is one of the tasks of the elderly. Since death is the only certainly in life, without emotional support to sustain and bear the losses.[loss of work role, spouse, friends, sensory and motor abilities and intellectual processes] the elderly individuals is vulnerable to depression and despair.

A study carried out in the Field practice area of the Department of Community Medicine in South India. A total of 213 elderly patients (60 years old and above) who attended the outreach clinics were interviewed using a pre-tested schedule. Around 73% of the patients belonged to the age group of 60-69 years old. Nearly half of the respondents were illiterate. Around 48% felt they were not happy in life. About 68% of the patients said that the attitude of people towards the elderly was that of neglect.

The results of the study showed that there is a need for geriatric counseling centers that can take care of their physical and psychological needs.

From 1990 to 2025, the elderly population in Asia will rise from 50 per cent of the world's elderly to 58 per cent, in Africa and Latin America from 5 to 7 per cent, but in Europe the figure will drop from 19 to 12 per cent of the world's elderly, Socio-economically, the traditional support of extended families is rapidly undergoing erosion making the elderly further vulnerable. This causes more emotional and psychological problems while the State finds itself helpless in providing a comprehensive care to its large chunk of elderly population by 2025.

The study was conducted in purposively selected state Haryana. A sample of 60 respondents 30males and 30females from ten institutes was selected randomly. Regarding psychosocial economic status of the respondent, results indicated that maximum percentage of the respondent was in the moderate to severe level of depression had natural attitude towards institution, moderate social, good health status and poor in economic status. Further results revealed that maximum percentage of the respondent’s was feeling insecure in their own house, neglected by family members and wanted to meet their basic needs. Result indicated that overall institutional facilities had positive significant correlation with attitude and health status. Age was negatively correlated with leisure time activities and health status. Overall psychosocial-economic status of the respondents had positive significant correlation with attitude, leisure time schedule, social and health status of the senior citizen.

Most of the senior citizens are uncomfortable discussing some illness. Others may agree to only those treatment that are acceptable in their culture. Ethnic cultural

background may also have a major effect on how they deal with psychosocial problems. Women from some cultures do not feel comfortable exercising their problems in public. Due to this reason, most of the problems faced by the elderly goes unnoticed.

Kamble SV done a study on depression among elderly persons in a primary health centre area .Elderly are prone to psychiatric disorders through vicissitudes such as social isolation, malnutrition, economic and emotional depression. A cross sectional study was done to assess prevalence of depression among elderly persons aged above 60yrs and to study social factors influencing depression. Goldberg and Bridges scale was used to diagnose depression among 494 randomly selected study subjects.31.4%of elderly persons were having depression.37.1% among females,37,9% among illiterates,55.8%among class v socio-economic status, divorced and unmarried.

The study examined some health and psychosocial problems such as Dis inheritance, suspicion, frustration, hopelessness and degrading in human treatment are common in community. Care from nurses, good psychosocial support, health and conventional education enhanced the widows' health status and ability to cope with mourning rites. Implications for nursing and psychological practices have been highlighted.

The scientific study of age-related changes is fairly new, because there has been a large elderly population only in recent years. Methodology is difficult; a cross-sectional method comparing a 20-year-old and a 70- year-old on the same test immediately leads to the error of comparing two people with radically different health histories, education and life experiences. It is difficult to maintain a research project

for longitudinal studies following up one group. Errors creep in because subjects who stay in a project are not typical of erring and sick humanity. Retesting produces familiarity with the test. The general conclusion from all studies is that some decline in intelligence is usual but that it is insignificant. More important are the differences between individuals. A recent study concluded there is a greater drop in intelligence over a ten year period in 60 year olds with raised diastolic blood pressure.

Every other day, we see news of parents being beaten up by their children, parents and in laws being forced to do the house hold chores, being made to live in small dungeon like rooms, their property being forcefully taken over by over ambitious children.

According to an estimate nearly 40% of senior citizens living with their families are reportedly facing abuse of one kind or another, but only 1 in 6 cases actually comes to light. Although the President has given her assent to the Maintenance and Welfare of Parents and Senior Citizens Act which punishes children who abandon parents with a prison term of three months or a fine, situation is grim for elderly people in India.

According to NGOs incidences of elderly couples being forced to sell their houses are very high. Some elderly people have also complained that in case of a property dispute they feel more helpless when their wives side with their children. Many of them suffer in silence as they fear humiliation or are too scared to speak up. According to them a phenomenon called ‘grand dumping’ is becoming common in urban areas these days as children are being increasingly intolerant of their parents’ health problems.

After a certain age health problems begin to crop up leading to losing control over one's body, even not recognizing own family owing to Alzheimer are common in old age. It is then children began to see their parents as burden. It is these parents who at times wander out of their homes or are thrown out. Some dump their old parents or grand parents in old-age homes and don't even come to visit them anymore. Delhi has nearly 11 lakhs senior citizens but there are only 4 governments' run homes for them and 31 by NGOs, private agencies and charitable trusts.

As an investigator experience psychosocial problem is one of the most common problems among elderly people. Mainly due to the neglected family members, loss of spouse, lack of financial security, far from social activities, etc so psychosocial problems are affect on the interaction interdependency with others and creating isolation, idleness in his mind.

Statement of the problem

A study to assess the psycho social problems faced by elderly living in their own homes in a selected area of dindigul district.

Objectives

1. To assess the psycho social problems among elderly
2. To find out the association between psycho social problems and selected demographic variables of elderly.

Hypothesis

1. There will be significant association between the psycho social problems and selected demographic variables of elderly

Operational definitions

Psycho social problems

It refers to difficult matters requiring a solution involving the influence of social factors or human interactive behavior.

Elderly

It refers to the people those who are aged above 60.

Assumption

1. Incidences of psycho social problems are common among old age people and is often unreported or under reported.
2. Nurses play a more active role in efforts to develop health care planning public policies and community responses to psychosocial problems
3. Proper education of elderly people and their family members will help to reduce the psychosocial problems

Delimitations

1. The study is delimited to six weeks only
2. The study is delimited to people who are aged between 60-80 years
3. Who are willing to participate

Projected outcome

The findings of the study will help the nurses to plan for interventional educational programme.

CHAPTER-II

REVIEW OF LITERATURE

CHAPTER-II

REVIEW OF LITERATURE

Review of literature is traditionally understood as a systematic and critical view of most important scholarly literature on a particular topic.

Polit and Hungler (1999) states that researchers almost never conduct a study in an intellectual vacuum; their studies are undertaken with the context of an existing base of knowledge. Researchers generally undertake a literature review to familiarize them about the topic.

The review of literature was done from published articles, text books reports and Medline search literature review is organized and presented under the following headings:

1. **Overview of elderly**
2. **Various psycho social problems faced by the elderly**
3. **Studies related to psycho social problems of elderly**

1. Overview of elderly

There are 81million older people in India-11 lakhs in Delhi itself. According to an estimate nearly 40% of senior citizens living with their families are reportedly facing abuse of one kind or another, but only 1 in 6 cases actually comes to light.

Global population ageing is an important challenge and action has to be taken by virtually all countries .The geriatric population was about 600 million in 2000.It is expected to raise up to 1.2 billion in 2025 and 2 billion in 2050.About two thirds of all older persons are living in the developed countries this figure, by 2025 will be about 75%. In developing countries like India these figures have

changed the nature of demands on the health care system. Health delivery system has to accommodate the needs of the older population.

Increase in population of the elderly could be attributed to a combination of multiple factors such as enhanced longevity due to phenomenal advancement in the field of medical sciences. However, elderly do have their special psycho-social needs-based on the traditional value system. Some people use their chronological age as a criterion for their ageing whereas others use such physical symptoms as failing eye-sight or hearing, tendency to increase fatigue, decline in sexual potency etc. Still others assess their ageing in terms of their capacity for work, their output in relation to standards set in earlier years, their lack of interest in competing with others, lack of motivation to do things or a tendency to reminisce and turn Health and Population - their thoughts to the past rather than dwell on the present or the future. Out of all these criteria, chronological age has been considered as one of the appropriate criteria for labeling a person as 'elderly'.

In the changing economic and social milieu, the younger generation has developed materialistic attitude and have redefined social roles within, as well as outside the family. The changing economic structure had reduced the dependence of rural families on land which had been providing strength to connect from one to another generation.

The older generation is caught between the decline in traditional values on one hand and the absence of adequate social security system on the other. Illness increases with age. Understandably older population has greater needs for health care. Health and life satisfaction continues to be important construct in the psycho-social study of ageing. These are commonly the accepted subjective conditions of quality of life and seem to be the facets of successful ageing, both of which are key concepts in ageing.

There is a need to enhance self-esteem of the elderly by changing the attitude of families towards the care of the elderly. This will ensure that they do not spend the twilight years of their life in isolation, pain and misery. Older persons are, therefore, in need of vital support that will keep important aspects of their lifestyles intact while improving their over-all quality of life

Myths of Aging;

There are several beliefs about older adults that are generally not true. They are:

• Old people are sick and disabled.

• Most old people are in nursing homes.

• Senility comes with old age.

• Old people are unhappy.

• Old people get very tranquil or very cranky.

• Old people are not interested in sex and are not able to have sexual intercourse.

• There are few satisfactions in old age.

• By age 70, psychological growth is complete.

Generally these myths are not true. Many older adults experience good health and much joy and satisfaction in their achievements and the achievements of those they love.

Age-related changes in the Elderly

According to **(Alzheimer's Association 2011)** Alzeheimer's disease (AD) is one of the leading causes of deaths in the elderly population. AD keeps increasing as the elderly population keeps rising as well. Research shows that AD is strongly influenced by age but cannot be associated with ageing process. Symptoms of Alzheimer's disease are social interaction problem, loss of memory, inability to handle simple tasks as usual, inability to make a sound judgment, losing things easily and finding it difficult to recover it.

As people age, vital organs of the body decline and get worsened. At a stage, a limit will be reached when the body system will no longer be able to cope with these challenges and the system break down completely (**Health & Phair 2011**,).

From the same perspective**, Cohen et al. (2011)** agree that both positive and negative situation influence man's everyday activities which have greater impact on the body system. Stress is an important factor when it comes to ageing, Stress puts man at risk of going through ageing process while age also puts man at risk of stress in the other way round **.**

When man faces a condition in which he begins to lose functional parts of his body and begin to go through challenges, there is tendency for stress to set in. According to Bittner et al. **(2010)**

When level of stress goes up it has negative impact on sight but this problem can be easily regained if the stress is later overcome **(Bittner et al. 2010).** Mental disability is another common age related change being experienced by the elderly. When age related disease develops, problem is posed to mental ability of a man **.**

Growth in the population of the elderly people gives rise to high chance of ill health such as reduced functional capacity, mental and physical dysfunction **(Bagheri-Nasami 2010).**

Age related changes in the elderly are too many to count. They can be categorized under biological, medical, physical or psychosocial. Ageing process of the elderly people is a weakness of physical functions with loss of good health. Ageing process can be linked to normal changes in the body system ranging from mental disability, breaking down of vital organs, vision loss, muscle weakness, and low level of bone strength. **(Kim et al. 2009,).**

Depression, loneliness and pain are inter-related and can occur at the same time to disturb an elderly person, people that suffer from depression complain more about pain. Meanwhile, loneliness was found to worsen depression among the old people in Korea and Japan **(Gagliese & Melzack 1997; Kim et al. 2009).**

Enough sleep helps the body in replacing the lost energy. Old people within the age of 65 and 84 complain of lack of enough sleep. Research reveals that 22%-61% of the old people staying in the hospitals complain of insufficient sleep **(Lareau et al. 2008).**

Abraham et. al.,(2007) Depression in a number of researches has been proven to have a connection with ageing. Even though features of depression and ageing are quite similar, chance of committing suicide is higher in a depressed person more than ordinary aged person. Likewise, depressed person is more liable to have other symptoms compared to somebody going through ordinary normal ageing. In some other studies, depression is described to have negative impact on person's reasoning ability leading to inability to cope or adapt to the new challenges. When this occurs,

symptoms like unstable mood, loss of social interaction, looking down upon oneself, self-attack etc will start forming. Age is reported in many articles to have a strong relationship with depression**.**

Stress occurs when the affected person has less resource to overcome the challenging situation he finds himself and there is less probability of effective coping skills. **(Dysvik et al 2005)** pointed out that stressors are mostly referred to as threat to general body well-being which results to emotional disturbances. They further defined psychological stress as a situation in which man finds himself in an immediate surrounding that he could not manage and his health is placed at risk due to inability to control the situation. Many factors contribute to stress related health condition and one of them is reduction in ability to withstand ever changing environmental challenges

Mental inability is supported by **Leigland et al. (2004),** they agree that memory capacity drops with advanced age but it is not yet clear how this occurs. They further explained that problem to emotional state of the body as we age could explain this memory problem as well. Changes in way of life, problem with senses and brain in relation to memory can have impact on ability of the elderly to process information better. Dementia is one of the common mental problems among the old people.

Likewise, human brain at age 20 weighs around 1,375 g and reduces to 1,200 g at age 80. This reduction in weight can be linked to ageing. Body composition also changes with increase in age, there is tendency for fat increase and possibility of obesity, which in the other way round could facilitate type II diabetes and cardiovascular diseases among the old people **(Toner et al. 2003).**

Common Adjustments Which Occur With Aging

Growing old is not easy. Changes which come about as people age demand multiple adjustments. These adjustments demand flexibility and stamina. Here are some changes:

Family changes: The family unit is a major source of satisfaction for older adults as they enjoy the love, companionship, and achievement of spouse, children, and grandchildren. Their role within the family has changed multiple times in their lifetime. In old age they are cared for by their children versus the other way around.

Retirement: This can be a difficult time because our society places so much emphasis on what a person does. Often one's work gives social position and influence, is a source of social contacts, and provides a feeling of satisfaction from productivity.

Awareness of one's own mortality: Not only do spouses die—but friends do also. Older adults may also experience health decline. Often, older adults review the significance of their life through reminiscences. They love to tell stories of life events. They need to be encouraged to tell stories. They often are faced with multiple losses at one time.

Widowhood: This affects more women than men, as women tend to live longer. Adjusting to the loss of someone you have shared life with is often difficult. Many older women have lived family-oriented lives and have been dependent on their husbands. They find themselves in new roles—such as financial manager—that they need to learn.

Declining physical reserves: As all of us age, the wear and tear on our bodies causes changes to occur. Fatigue sets in. Our responses become slower, and our appearance (September 2007) Kansas Association of Homes and Services for the Aging 3 changes. Chronic illness affects body systems. The fear of loss of independence is great. Being independent is a strong value for most.

Changes in income: Often retirement income is less than half the income earned when the person was fully employed. Social security income for many is the main source of income. If a spouse dies, the income is usually further decreased. This decrease can cause significant adjustments in a person's social and leisure activities.

Shrinking social world for some: Loneliness commonly occurs as a spouse or friend becomes ill or dies. Children and grandchildren are often very busy and may live at a distance. Often older adults choose not to drive—further limiting their socializing. Senses, such as hearing and seeing, diminish, making communication difficult. Think of an aging family member or friend. Which of the changes listed above do you think he or she is experiencing? Adapting to these changes is often more demanding than adapting to physical changes and chronic illness.

2. Studies related to psychosocial problems of elderly people

Cananzet et. al., (2012) patients were sent a postal questionnaire to ascertain whether they had a personal or emotional problem in the last 10 years and whom they had confided in. Of the 396 respondents 281 (71%) admitted to having had such a problem. It was found that significantly more women than men had had a problem. Of these 281 individuals, 94% had confided in someone, mainly friends and relatives, 47% had consulted one or more professionals or agencies and 37% had confided in

their general practitioner. This study demonstrates the important role of the general practitioner in the management and Treatment of psychosocial problems of old age.

Bizwaz et.al., (2012) The present study attempts to assess the health and social problems of the elderly towards life in an urban area of Gujarat. A total of 311 elderly persons 60 years old and above were interviewed using a pre-tested schedule. Around 66% of the patients belonged to the age group of 60-69 years old. Nearly 13% of the respondents were illiterate. Around 56% felt they were not happy in life. About 44% of the respondents said that they were not loved by family members. The results of the study showed that there is a need for geriatric counseling centers that can take care of their physical and psychological needs.

Rubenson et.al.,(2011) The study summarizes research findings on psychosocial risk factors for late life depressive disorders. These studies have identified a number of significant psychosocial risk factors for late life depressive disorders, including life events and ongoing difficulties; death of a spouse or other loved one; medical illness and injuries; disability and functional decline; and lack of social contact. Additional evidence suggests that the impact of these psychosocial risk factors on depression can be enhanced or buffered by personal or environmental factors. Methodological challenges to advancing research on psychosocial risk factors for late life depression are reviewed, including problems related to study designs, sample selection, and measurement.

Annmary et. al.,(2011) The study was conducted on depressive symptoms and their relationship to the caregiver's depressive symptoms and life satisfaction were also examined. Ninety-six family caregivers were enrolled. Of those, 35.4% were identified as at risk for depression. Among caregivers, dysfunctional or ineffective social problem-solving abilities were significantly associated with greater

depressive symptomatology and decreased life satisfaction. A substantial number of caregivers of visually impaired elderly experience psychosocial distress, particularly among those who possess poor social problem-solving abilities.

Franklindilo et. al.,(2011) The study's purposeful sample comprised 49 adults age 60 or older with a history of depression and in publicly funded community long-term care. Four-part, mixed-method interviews as well as the priority they placed on depression. Depression was ranked low among the co-occurring conditions; 6% ranked depression as the most important of their problems, whereas 45% ranked it last. Relative rank scores for problems were remarkably similar, with the notable exception of depression, which was ranked lowest of all problems. Effective and durable improvements to mental health care must be shaped by an understanding of client perceptions and priorities.

Karpel et.al., (2010) The study was conducted on the associations between non-kin natural mentoring relationships and psychosocial outcomes among these old age people. Results of simultaneous and hierarchical regression analyses reveal that the presence of a mentor and the duration of the relationship at age 60 are associated with better psychological outcomes, such as fewer depression symptoms, less stress and more satisfaction with life at 60 1/2. Longitudinal data collected at age 60 and above on mentoring revealed that of the 339 old age, 25% reported no mentor at either data point, 41% reported a short term mentor, and 34% reported a long term mentoring relationship.

Binnysquz et. al.,(2010) A Cross-sectional study was conducted on 540 community people -living older people aged or 70 years with at least mild fear of falling and avoidance of activity. Chi-squares, t-tests and logistics regression analyses were performed to study the associations between the selected correlates and both

outcomes falls, low general self-efficacy, low mastery, loneliness, feelings of anxiety and symptoms of depression were identified as univariate correlates of severe fear of falling and avoidance of activity.

White et al., (2006) conducted study on cognitive, emotional and quality of life outcomes in patients with pulmonary arterial hypertension. Results shows that cognitive sequelae occurred in 58 percent (27/46) of the pulmonary arterial hypertension patient's .Patients with cognitive sequelae had worse verbal learning delayed verbal memory, executive function, and fine motor scores compared to patients with out cognitive sequelae. 26 percent of patients had moderate to severe depression and 19 percent had moderate to severe anxiety. Depression, anxiety and quality of life were not different for patients with or without sequelae. Patients had decrease quality of life, which was associated with worse working memory.

Andreoletti et. al., (2006) conducted a study on age differences in the relationship between anxiety and recall. The results shows that a negative relationship between cognitive-specific anxiety and memory, such that greater anxiety was related to poor recall, but this was so only for middle aged and older results suggest that managing anxiety may be a promising avenue for minimizing episodic memory problems in later life .

Routaslo et. al., (2006) study conducted on social contacts and their relationship to loneliness among aged people results declares that more than one third of the respondents39.4suffered from loneliness. Feeling of loneliness was not associated with the frequency of contacts with children and friends but rather with expectations and satisfaction of these contacts. The most powerful predictors of loneliness were living alone, depression, experienced poor understanding by the nearest and unfulfilled expectations of contacts with friends.

Rajan et. al., (2004) conducted a survey of elders in old age homes in Pondicherry to find out problem of the aged reveals that a sizeable majority of the aged suffer from loss of memory and no sleep. Psychologically maximum number of the aged feels isolated, frustrated and depressed

Tites, Stephen (2003) The present study, resources include social support, religiosity and mastery; stressors include life events, abuse and health Problems Psychological distress was measured using the Center for Epidemiological Studies Depression scale and Geriatric Depression Scale. Interviews were conducted among 400 adults aged 65 years and above, randomly selected from the electoral list of urban Chennai, India. The results supported the stress-suppressor model. Resources had an indirect, negative relationship with psychological distress, and stressors had a direct, positive effect on distress.

The study was conducted by **Patil, Prema (2000)** on psychosocial problems of the Aged in Dharwad and Belgaum cities of Karnataka. The study revealed that older persons with low income had higher incidence of depression. Jayashree (2000) conducted a study on "Work after Retirement" in urban area of Mangalore in the South Canara District of Karnataka. The study revealed that retired people, contrary to general expectation, wanted to work actively and lead a healthy and long life.

3. Studies related to prevention and management of psychosocial problems of elderly.

Sterlitti, steins (2008) The purpose of this meta-analysis was to investigate the prevention of reported problems like, depression, anxiety, pain, physical functioning, and quality of life . Fifteen studies met quality criteria. The sample size was 1,492 elderly people with an age range of 60-80. 790 were randomly assigned to intervention groups and 702 to control groups. Follow up ranged from 1 week to 14

months. Cognitive behavioral therapy was effective for depression ES = 1.2; 95% CI = 0.22-2.19, anxiety ES = 1.99; 95% CI = 0.69-3.31, and QOL ES = 0.91; 95% CI = 0.38-1.44.. Individual interventions were more effective than group. Various cognitive behavioral therapy approaches provided in an individual format can reduce psychosocial problems of elderly.

Triancole et. al., (2006) The program effectively targeted both intrinsic and extrinsic factors to reduce risks facing the residents. The effectiveness of the program was evaluated by examining changes in the rate of falls after the program was implemented. The results identified that a multifaceted program, one that utilized multiple personalized interventions, was effective in reducing the falls rate of frail and psychosocial problems for this vulnerable population. Program outcomes verified that case managers can impact quality of life for frail elderly nursing home residents by promoting their independence and safety, and postponing problems resulting from inactivity. and implementing strategies for an effective fall prevention program.

Roofers et.al.,(2005) The study was to establish the prevalence and psychosocial risk factors of depression in the elderly people of the Croatian capital Zagreb; particularly in patients suffering from Depressive episode and recurrent depressive disorder. A cross-sectional study was performed on a representative sample for city of Zagreb drawn from 10 family physicians' offices with 17290 patients. From standardized medical files, the family physicians sorted out data of patients with depression, both Depressive episodes and recurrent depressive disorder for the management of psychosocial problems the prevalence of depression was 2.2%. Recognized socioeconomically parameters were: female sex (74.7%), middle age 45-65 years (40.7%), married (55.3%), high school education (59.2%), retired (54.5%), and average economical status (73.6%). As regards social isolation: Depression had a

prevalence of 2.2%. It was poorly recognized, as were some psychosocial factors especially genealogical disease burden. This suggests the need for implementation of special intervention methods of developing the family physicians' skills in adopting the psychosocial approach to depressive patients with a focus on recognized psychosocial risk factors.

CONCEPTUAL FRAME WORK

Concept is defined as a complex mental formulation of an object properly or event that is derived from individual perception and experience.

Conceptual frame work facilitates communication that provides for systematic approach to nursing research, education, administration and practice.

The conceptual model provides "a distinctive frame of reference and a coherent, internally unified way of thinking about event and processes" (Frank, 1968) for its adherents tells how to observe and interpret the phenomenon of interest to the discipline.

According to Roy's adaptation model focuses on the responses of the adaptive system to constantly changing environment. Adaptation is the central features and a core concept of the model problems in adaptation arise when the adaptive system is unable to cope with respond to constantly charging stimuli from the internal and external environments in a manner that maintain the integrity of the system.

The person is identified as an adaptive system, is defined as an a set of parts connected to function as a whole for some purpose and it does so by virtue of the inter dependence of its parts. "Adaptation" means that the human system has the capacity to adjust effectively to changes in the environment and is turn effects the environment (Andrew and Roy 1991) As per the study the adaptive system is individual elderly aged 60 years and above.

The adaptive system has two major internal control processes called the regulator and cognator sub systems. The regulators sub system responds automatically through neural chemical, and endocrine coping process. The cognator sub system responds to inputs from external and internal stimuli that involve psychological,

social, physical and psychological with aging. The regulator and contactor activity is diminished and hence a more ineffective responses. regulator and contactor activities is manifests through coping behavior in four adaptive or response mode, such as physiological mode, self concept mode, role function mode, interdependence mode.

Physiological mode

This is association with the way the person responds a physical begins to stimuli from the environment; behavior is the mode of the manifestation of the physiological activities of all the cells and tissues. Organs and system comprises the human body.

Self – concept mode

Self concept mode compare perception of the physical self and the personal self it focuses on the need for the psychic integrity to know who one is so that once be or exit with a sense of unity.

Role function mode

This emphasizes the need for social integrity that is the need to know who one is in relation to others so others so that one can act roles are classified as primary, secondary and tertiary. The primary roles determine the majority of behaviors engaged in the majority of behaviors engaged in by the person during a particular period of life. Secondary roles are those that a person assumes to complete the basic associated with a developmental stage. Tertiary roles are related from primarily to secondary roles and represent ways in which individuals need the role associated obligations.

Interdependence mode

This emphasis paves the need for social integrity. Inter dependence is a way of maintaining integrity that involves the willingness and ability to love and accept and respect given by others.

Environment- it is defined as all circumstances influences that surround and effect the development and behavior of the person's environment is viewed as constantly changing and has internal and external components.

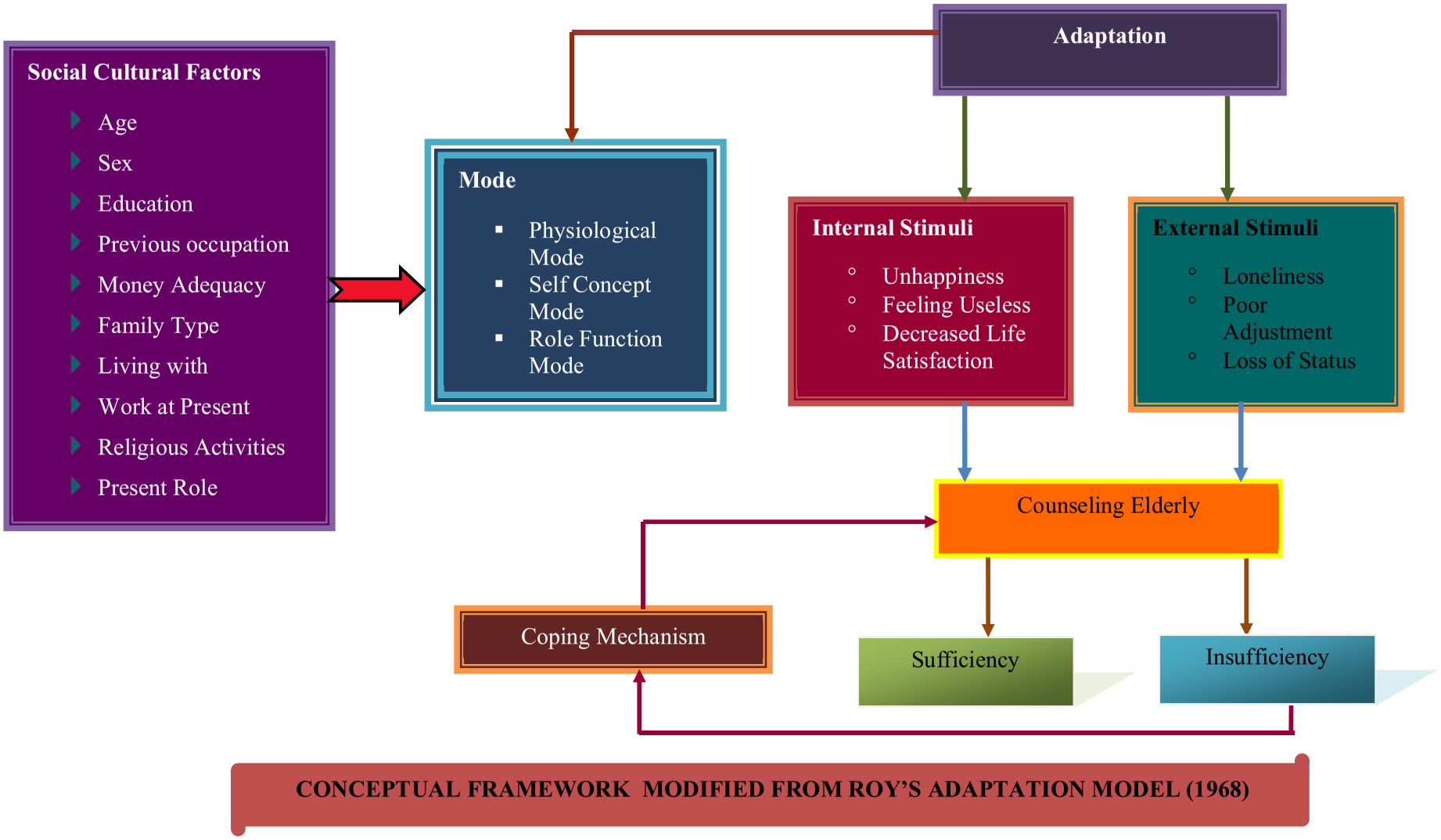
The internal and external environment in the form of stimuli is the inputs into the adaptive system.

The person and environment are in constant interaction with each other. Responses to environment stimuli are adaptive or ineffective. The elderly is constant interaction with the changing environment are unable to cope effectively and thus many psycho social problems.

Health is defined as 'a state and a process of being and becoming an integrated end whole person'. Health is viewed as dichotomy of adaptive and ineffective responses to the changing environment here health is psycho social well being.

Nursing is defined as "a theoretical system of knowledge which prescribes a process of analysis of action related to the care of the ill or potentially ill person? The goal of nursing is the promotion of adaptive in each of the four models, there by contributing to the person's health quality of life and dying with dignities.

Nursing is helping the elderly individual to cope with change in the environment (role changes loss economic dependence etc.) that is to promote psycho social well being.



CONCEPTUAL FRAMEWORK MODIFIED FROM ROY'S ADAPTATION MODEL (1968)

CHAPTER-III

METHODOLOGY

CHAPTER III

RESEARCH METHODOLOGY

Research methodology provides a brief description of the method adopted by the investigator in this study. This chapter includes the research approach, research design, the setting of the study, sample and sampling technique. It further deals with the development of tool procedure for data collection, plan for data analysis and pilot study.

Research Approach

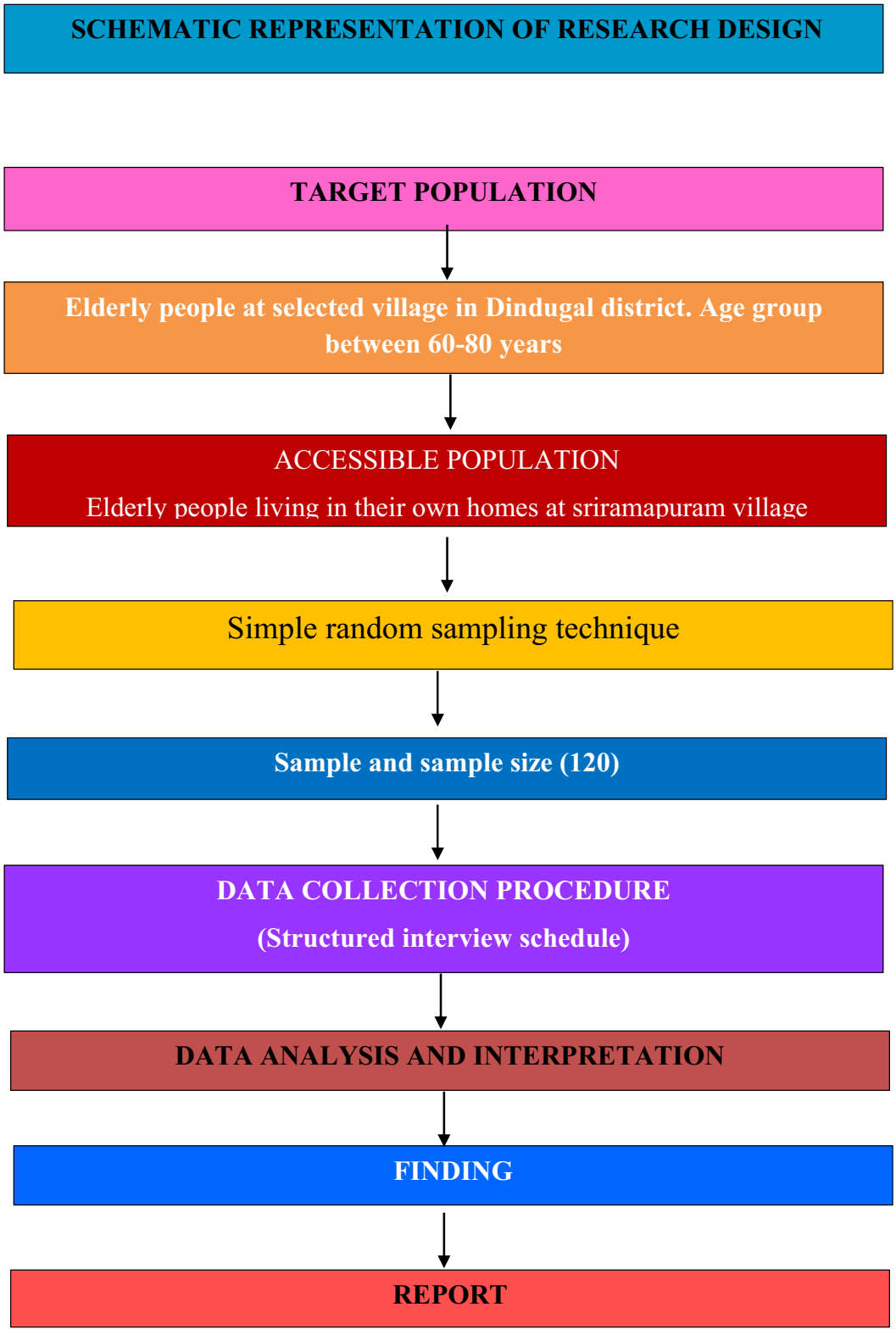
Survey approach was used for this study. The survey approach focuses on obtaining information, regarding the activities, beliefs, performances and attitude of people through divers questioning of a sample of respondents (pilot and Hunger, 1999).

Research Design

Research design provides the back bone structure of the study. Non experimental, descriptive design in pattern made to explore the psycho social problem of elderly in relation to the changes of aging in sriramapuram of dindigul district.

Setting of the Study

The setting chosen for this study was sriramapuram which is coming under dindigul district. According to 2011 census, the total population of sriramapuram village is 4723 and the elderly population is 468 .


SCHEMATIC REPRESENTATION OF RESEARCH DESIGN
TARGET POPULATION
Elderly people at selected village in Dindugal district. Age group between 60-80 years
ACCESSIBLE POPULATION
Elderly people living in their own homes at sriramapuram village
Simple random sampling technique
Sample and sample size (120)
DATA COLLECTION PROCEDURE
(Structured interview schedule)
DATA ANALYSIS AND INTERPRETATION
FINDING
REPORT

Population

Polit and hungler state that requirement of defining population for a research project arises from the need to specify the group to which the result of the study can be applied.

The target population in this study includes elderly aged between 60-80 years, who are residing in sriramapuram village, dindigul district.

Sample

Samples were elderly aged between 60-80 years, who are residing in sriramapuram village, dindigul district.

Sample size

The sample size was 120 elderly people between 60-80 years.

Sampling technique

Convenient sampling technique was used. Streets were selected based on the availability of samples and accessibility of researcher. Samples were selected according to the convenience of researcher.

Selection criteria

Inclusion criteria

- ❖ People who are aged between 60-80 years of age from sriramapuram village.
- ❖ Those who are willing to participate

Exclusion criteria

- ❖ Elderly people who are not willing to participate

- ❖ Whose age is below 60
- ❖ Elderly who are residing at old age home

Research Tool and Technique

The research tool consisted of two sections

Section -1

It consisted of demographic characteristics of the elderly which included age, sex, educational status, marital status, type of family, whom do they live with, past and present work status, income status, participation in house hold activities, participation in religious activities, present status in the family, number of friends, visit of friends and relatives, participation in social activities, history of physical illness, care taker during illness.

Section – II

A structured interview schedule was prepared based on Roy's adaptation model by reviewing the related literature, consulting with subject experts the invigilators personal experience.it consisted of structured interview schedule regarding psychological problems, sociological problems. It has 30 items and it consist of a 3 point scale to measure the psycho social problem of the elderly .

Scoring procedure and interpretation

The scoring pattern attributed to the 30 items to measure the psycho social problem is as follows. Each item has 3 answers as strongly agree, undecided, strongly disagree and the score ranges from 1-3.

The positive response to each item is given the score 1 and for the negative response 3. Then the scores of the 30 items are added up and this gives the total score of psychosocial problems So the total score is 90.

Degree of psycho social problem	Score in percentage
low	30-50
medium	51-70
high	71-90

The 30 items of psycho social problems are studied under 6 dimensions.

The score of each dimension is as follows

Dimension	Minimum score	Maximum score
Unhappiness	5	15
Uselessness	4	12
Decreased life satisfaction	8	24
loneliness	5	15
Poor adjustment	4	12
Loss of status	4	12

Unhappiness

Refers to feeling miserable and unsuccessful in life. Item no n. 1to 5 represents this dimension.

Uselessness

It is the feeling that the individual is not survivable and not able to produce good result. Item no. 6-9 indicates this dimension

Decreased life satisfaction

Refers to the feeling that expectation and desires of life is not fully met. Item no. 10-17 represents that.

Loneliness

It means a feeling of solitary companionless and isolated. Item no 18-22 denotes this dimension.

Poor adjustment

It refers to decreased ability to make oneself suited to the changing environment. Item no. 23-26 represents this dimension.

Loss of status

It means a feeling that one has lost his social positions and the relative importance. Item no. 27 – 30 denotes this dimension.

Testing of the Tool

Reliability

The reliability of the tool was established by test – retest method. The tool was administered to five subjects and the same tool was then re administered to the same subjects after seven days. Both the test and retest scores were analyzed. According to karl pearson co- efficient correlation, "r" = 0.9 which signified the tool was reliable.

Content validity

To evaluate the content validity the questionnaire was submitted to five experts in the field of nursing, psychiatry, social work, psychology who validated the tool regarding the adequacy of the content, the sequence and framing of questions. Approval was obtained from all the experts and based on the experts suggestions the tool got its final form.

Pilot study

A pilot study is a small preliminary investigation of the same general character of main study. To assess the feasibility and practicability, a pilot study was conducted among 5 elderly people on criteria using interview schedule, in which the final study would be done. The finding of the pilot study revealed that the study was feasible. Data analyses were done using descriptive and inferential statistics.

Data Collection Procedure

The investigator obtained approval from the dissertation committee and from the departmental heads of psychiatry and nursing to conduct the study. The list of all elderly people who fulfilled the inclusion criteria were considered for the study. The elderly people were selected by convenient sampling technique. The investigator met elderly citizens separately at their homes and after establishing rapport with study samples the data was collected. On an average each interview took about 30-50 minutes and 4-5 elderly people were interviewed a day during the interview section the elderly people were very co – operative.

The investigator faced difficulty to interview elderly with sensory problem.

Data analysis

Data was analyzed using descriptive and inferential statistics. Chi square test was used to find out the association between elderly and their demographic variables. Descriptive statistics used were frequency, percentage and mean.

Ethical consideration

The pilot study and the main study were conducted after the approval of research committee. The purpose of the study was explained to the study samples and an informed consent was obtained from them orally. Assurance was given to the study samples on the anonymity and confidentiality of the data collected.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

CHAPTER- IV

ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the description of the sample, analysis and interpretation of the data collected and the achievement of the objectives of the study. The data collected is tabulated and presented as follows.

Section I

Frequency and percentage distribution of elderly people based on the demographic Variables

Section – II

Distribution of samples based on the level of psycho social problems of elderly in each dimensions

Section – III

Association of level of psycho social problem with the demographic variables of elderly people

SECTION – I

Table 1: Frequency and percentage distribution of elderly people based on the demographic variables

S.No	Demographic variables	frequency	percentage
1.	Age		
	61- 70 years	60	50
	71-80 years	60	50
2	Sex		
	Male	56	47
	Female	64	53
3	Religion		
	Hindu	69	57
	Christian	41	34
	Muslim	10	8
4	Education		
	Illiterate	24	20
	Primary	21	17
	Middle school	20	17
	High school	33	27
	HSC and above	22	18
5	Marital status		
	Married	38	32
	Divorced/separated	44	37
	Widow(widower)	38	32
6	Previous occupation		
	Employed	45	37
	Unemployed	36	30
	Business	39	32
7	Type of family		
	Nuclear	39	32
	Joint	43	36
	Extended	38	32

8	With whom do you live		
	Children	44	37
	Spouse	39	32
	Alone	37	31
9	The source of income at time of head		
	Present earning pension	34	28
	Previous saving	28	23
	Spouse	27	22
	Children	31	26
10	Type of income that you have at present		
	Regular	63	52
	Irregular	57	47
11	Adequacy of money to meet your needs		
	Yes	38	32
	No	40	33
	Partially adequate	42	35
12	No of years since you stopped working		
	0-5 years	43	36
	5-10years	35	29
	10 years and above	42	35
13	Engaged to any where after your primary occupation		
	Yes	54	45
	No	66	55
14	Your role in the family at present		
	Head of the family	34	28
	Suggestion maker	44	37
	Dependent	42	35
15	Participation in house hold activities like taking care of children and house maintenance		
	Yes	62	51
	No	58	48

16	Participation in religious activities		
	Yes	63	52
	No	57	47
17	No of friends that you have		
	Many	44	37
	Few	39	32
	None	37	31
18	Visit of friends and relatives		
	Frequently	44	37
	Occasionally	37	31
	Never	39	32
19	Participation in social activities like marriage and other function		
	Very often	37	30
	Occasionally	43	35
	Never	40	33
20	Physical problem		
	Poor insight	22	18
	Hard of hearing	10	8
	Aching joint	9	7
	Chest pain	10	8
	Digestive problem	35	29
	High blood pressure	`19	16
	Diabetes	13	11
	No physical problem	0	0
	others	0	0
21	At time of illness who will take care of you		
	Children	37	31
	Spouse	44	37
	Neighbors	39	32.

Table 1 predicts that majority of the samples were female 53% and the male samples were 47 %

Large portion 57% of the samples belonged to the Hindu religion where as only 8% of the samples belonged to Muslim religion.

With regard to education of elderly people, 27 % of people had completed high school and only 17% of them had completed middle school

The data obtained revealed that 37 %of the elderly were divorced and separated and married were about 32%

The total percentage of employed people were 37% and the unemployed were 30%

With regard to the type of family 36 % of the people belonged to joint family and 32 %belonged to extended type of family.

From the above table 37 % of the people are living with their children and 31 % of the people are living alone.

The data obtained revealed that 52% gets their regular income and 47 % of elderly are getting irregular income.

The percentage of elderly people engaged at work after their primary occupation were 45%and 55 % were not.

About 37 % of elderly are having the role as suggestion makers and 28 % of them holds the role of head of the family.

With regard to friends 37 % of them had many friends and the elderly who does not have any friends were 31%

37% of elderly frequently been visited by their friends and relatives and 31% of them visits friends and relatives occasionally.

The data obtained shows 29% of the elderly people had digestive problem and none of them are without any physical problem.

37% of elderly are being taken care y their spouse during the time of illness and 31% of them are being taken care by their children.

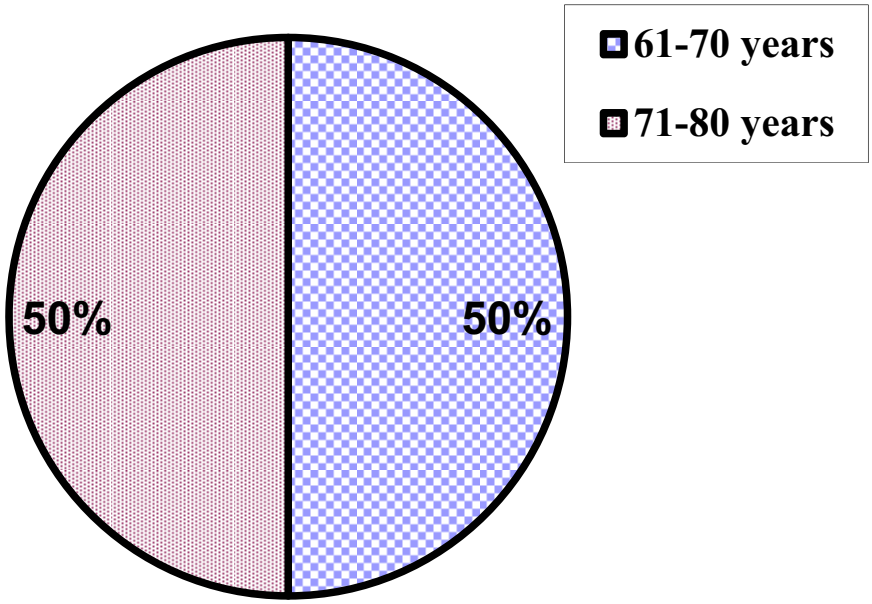


Fig.3: Pie diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their age

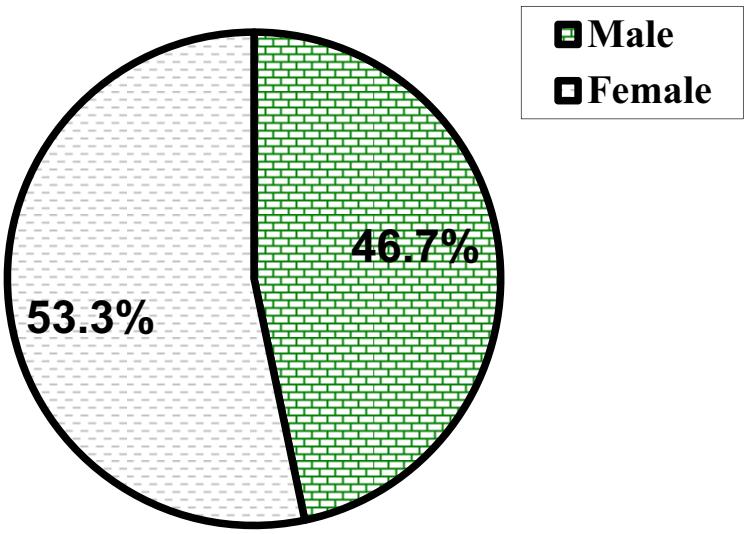


Fig.4:Pie diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their sex.

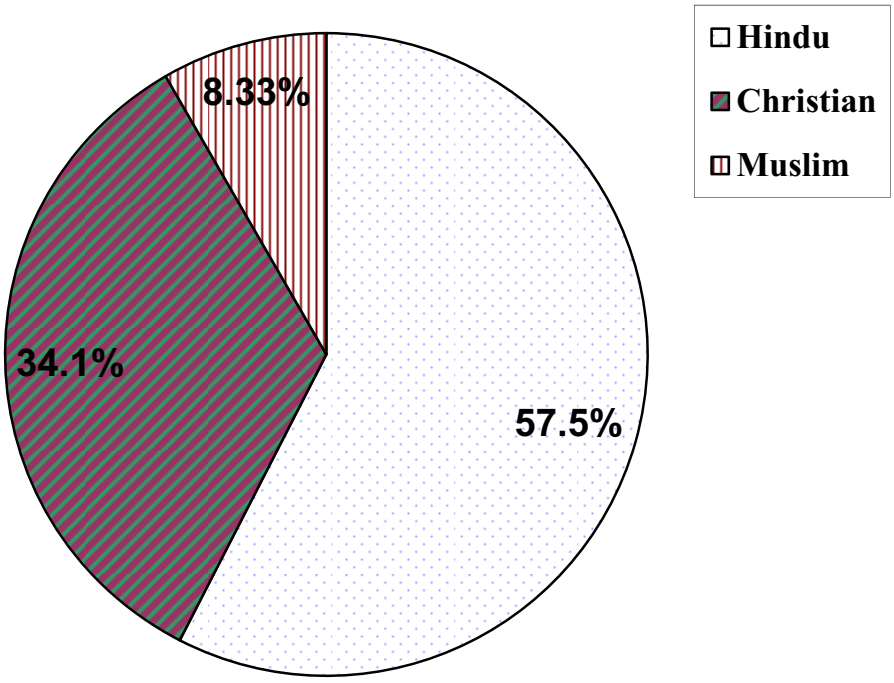


Fig.5. Pie diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their religion.

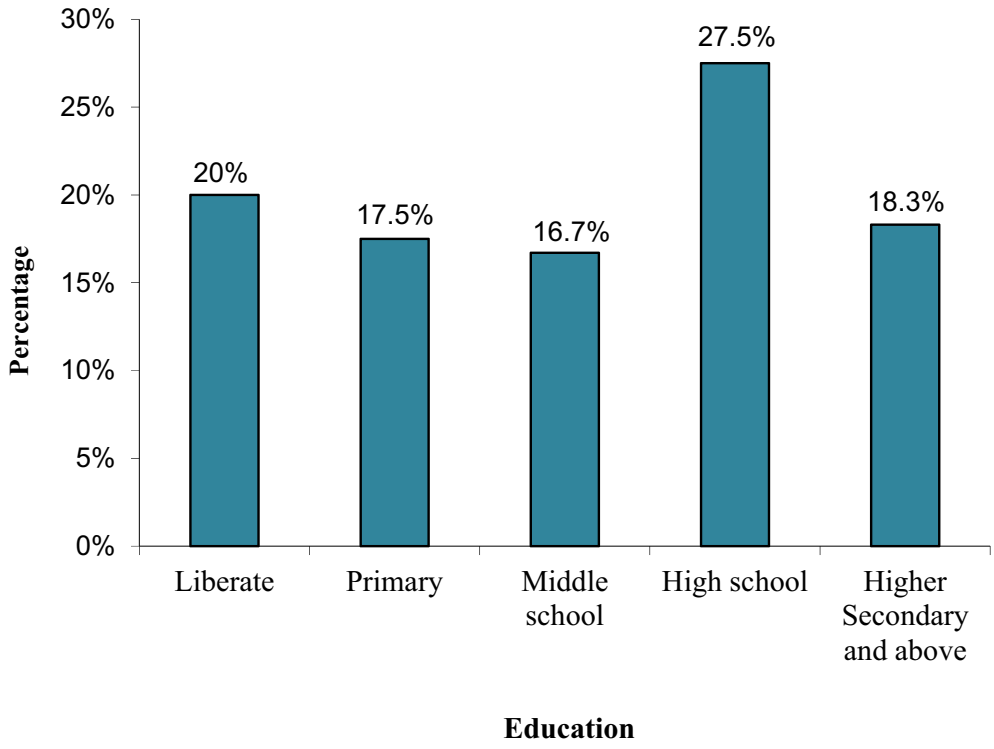


Fig.6. Bar diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their education.

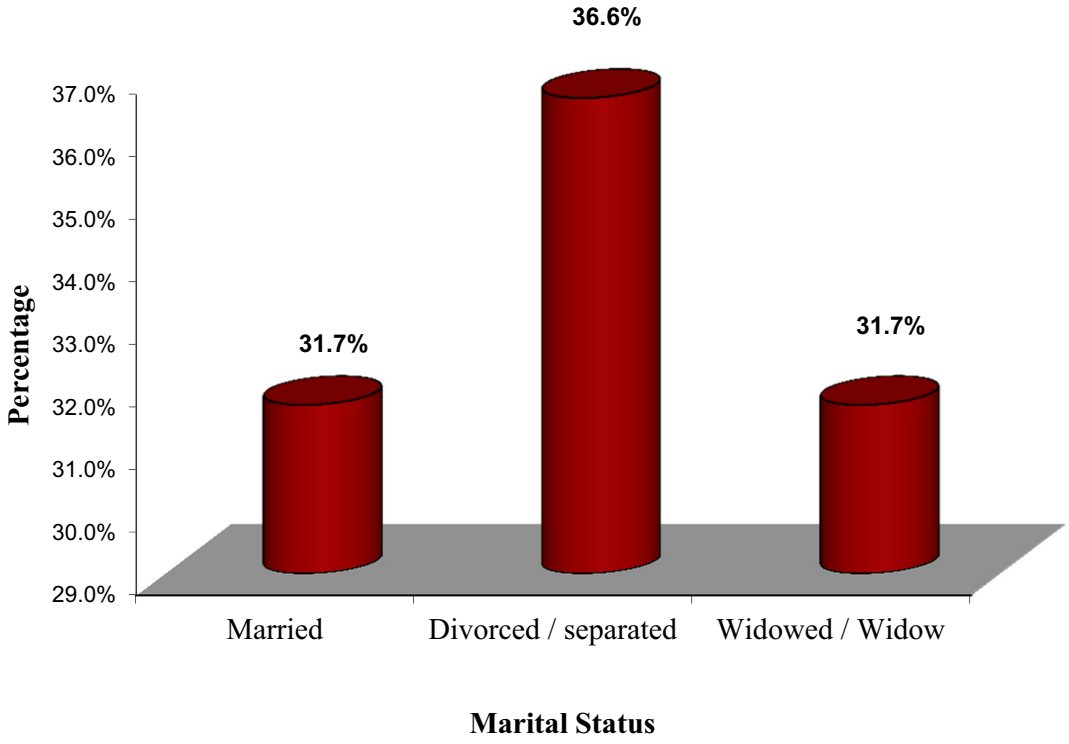


Fig.7 Cylinder diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their marital status.

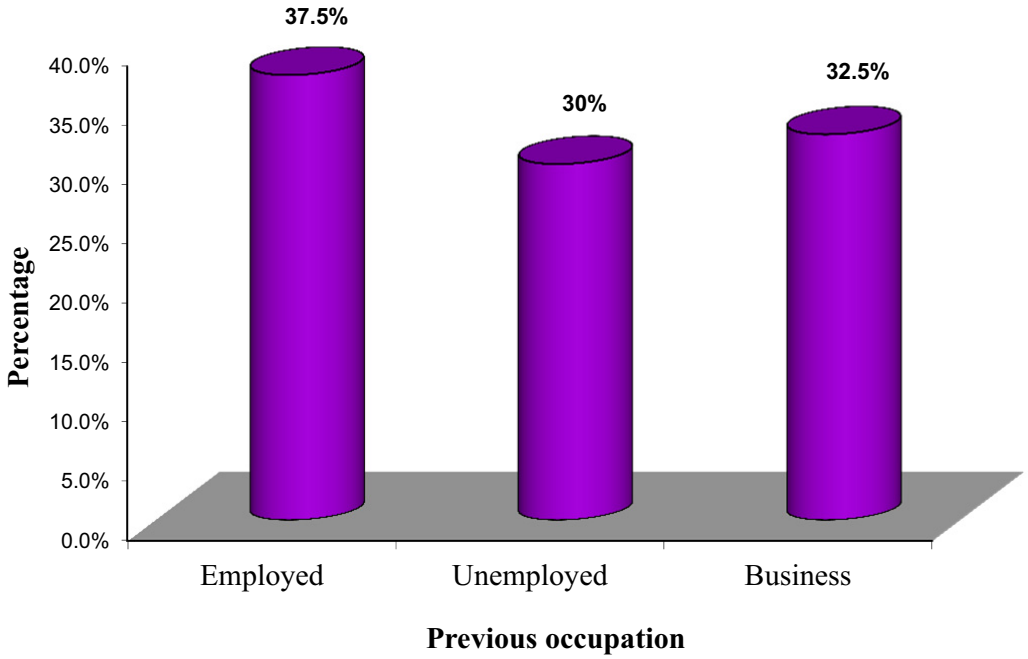


Fig.8 Cylinder diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their occupation.

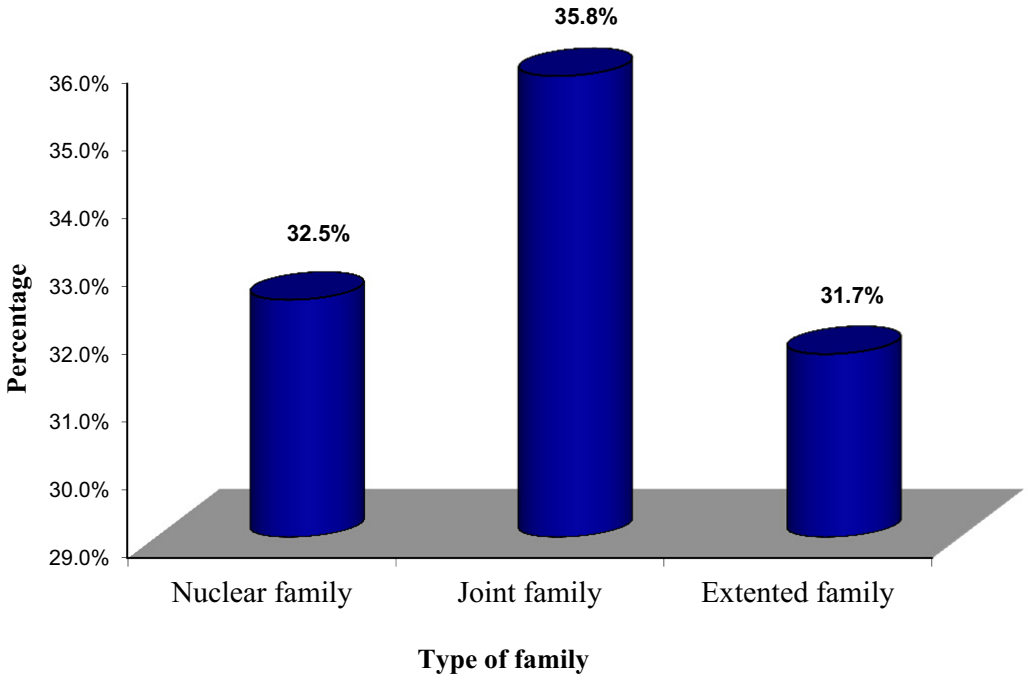


Fig.9 Cylinder diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their type of family.

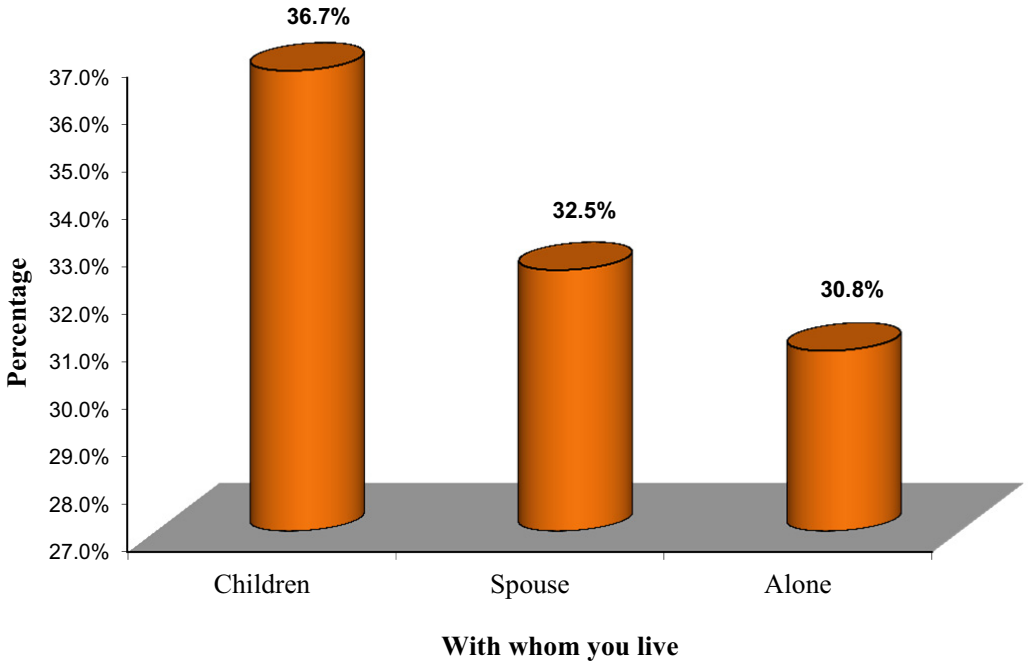


Fig.10: Cylinder diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their with whom you live.

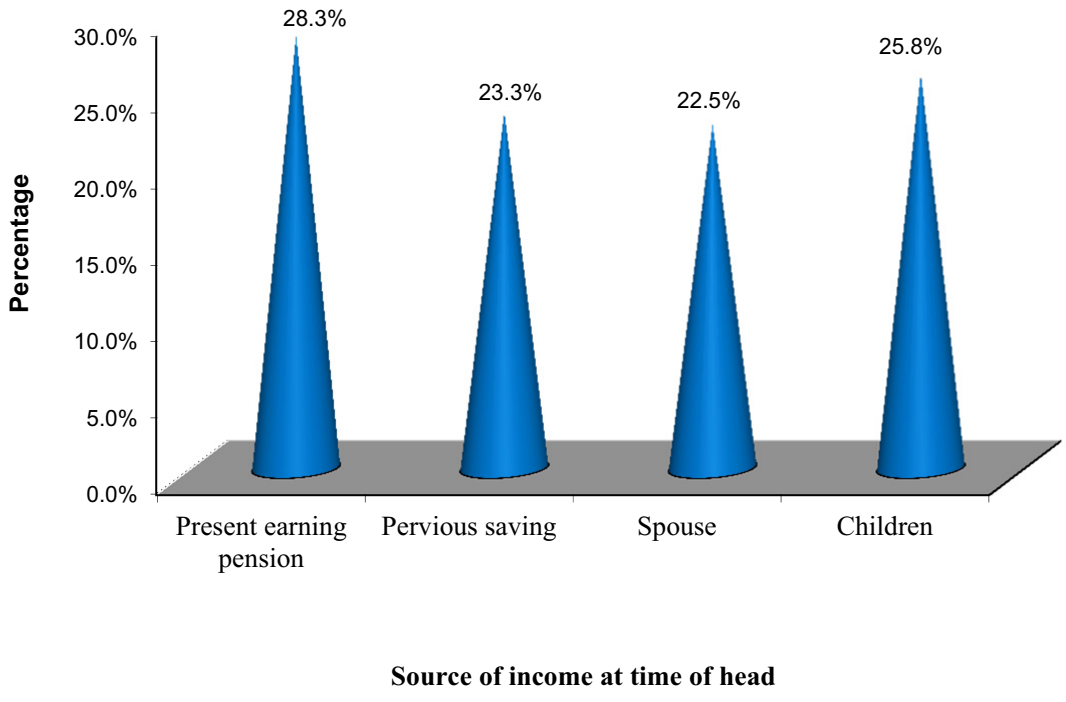


Fig.11: Cone diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their source of income at time of head.

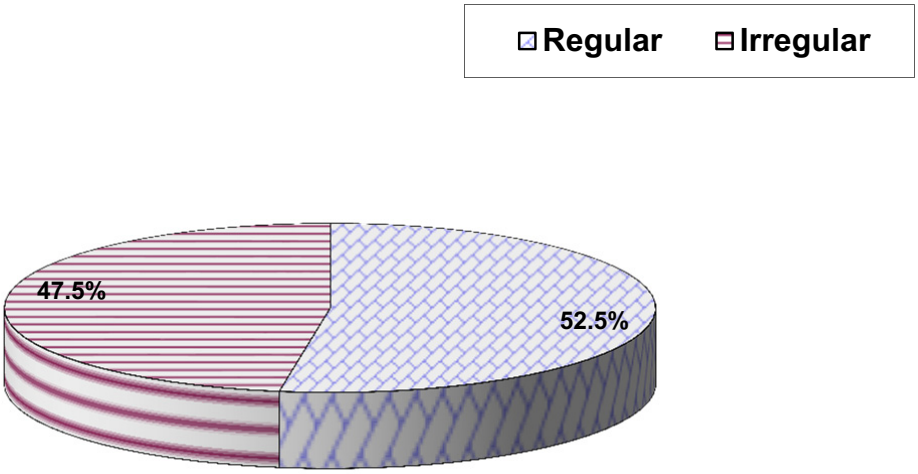


Fig.12: Cylinder diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their type of income at present.

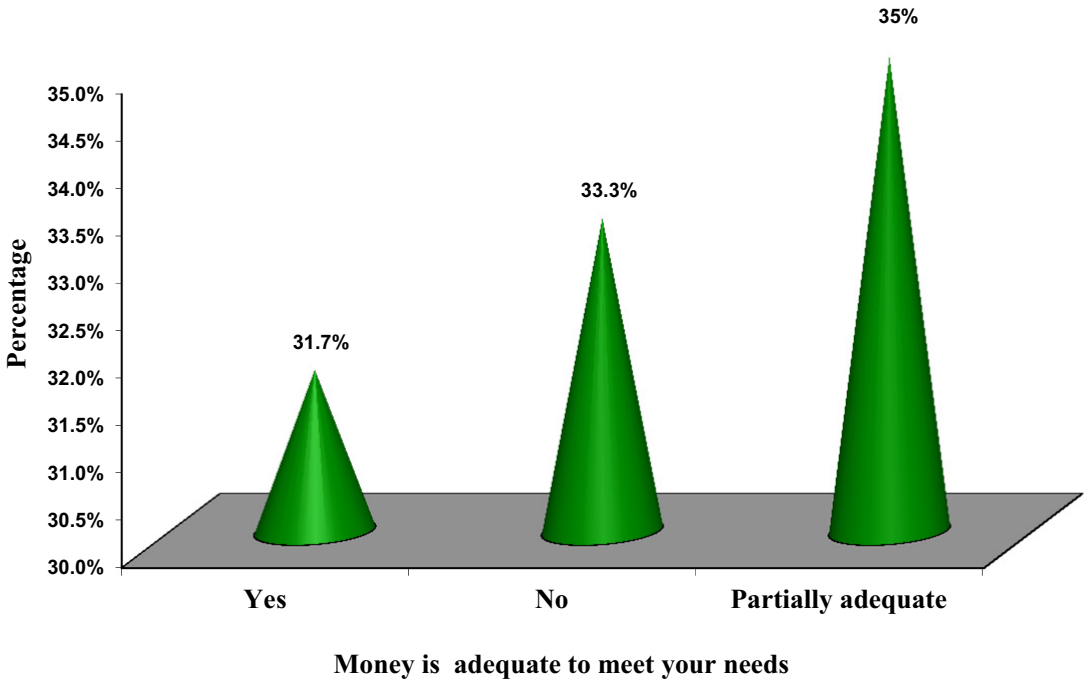


Fig.13:Cone diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their money is get adequate to meet your needs.

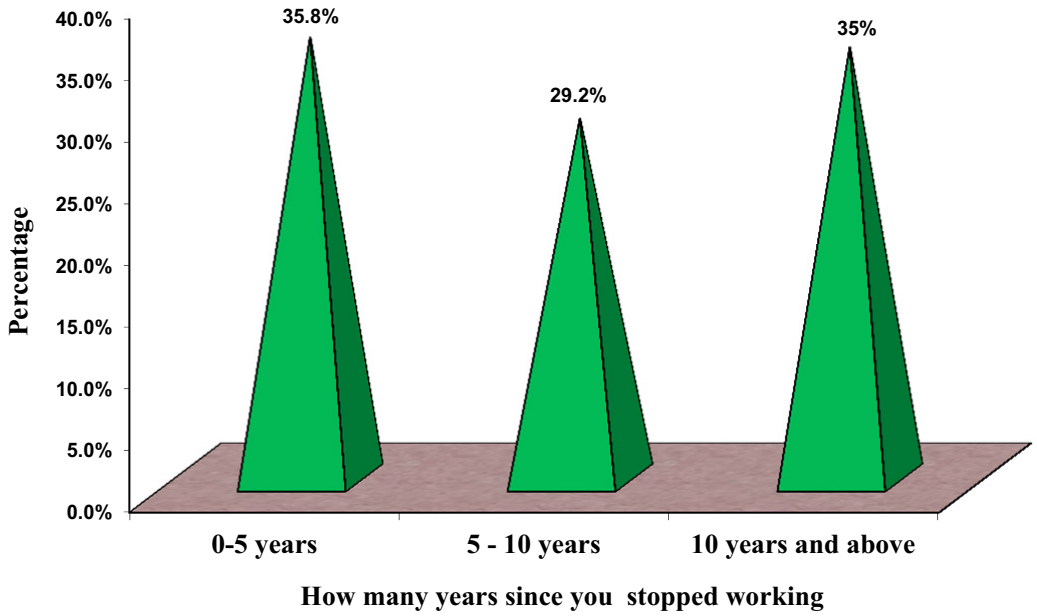


Fig.14:. Pyramid diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their money is get adequate to meet your needs.

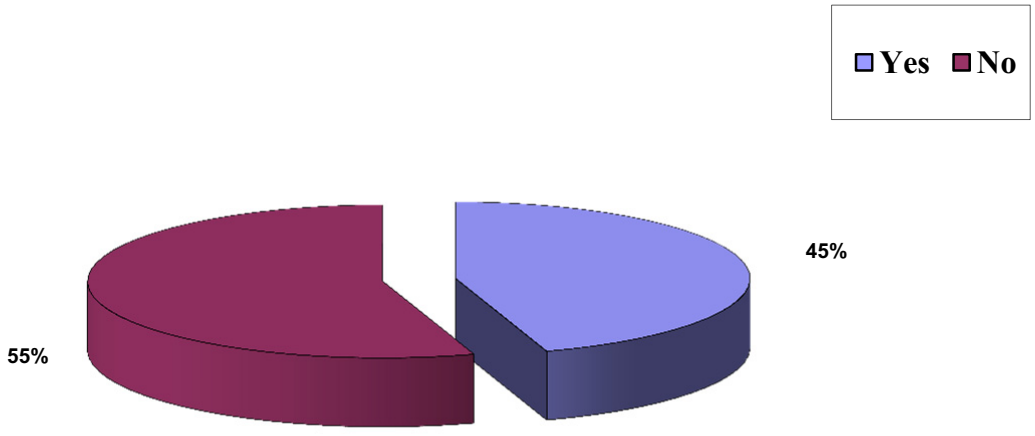


Fig.15: Pie diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their engaged at any were after primary occupation.

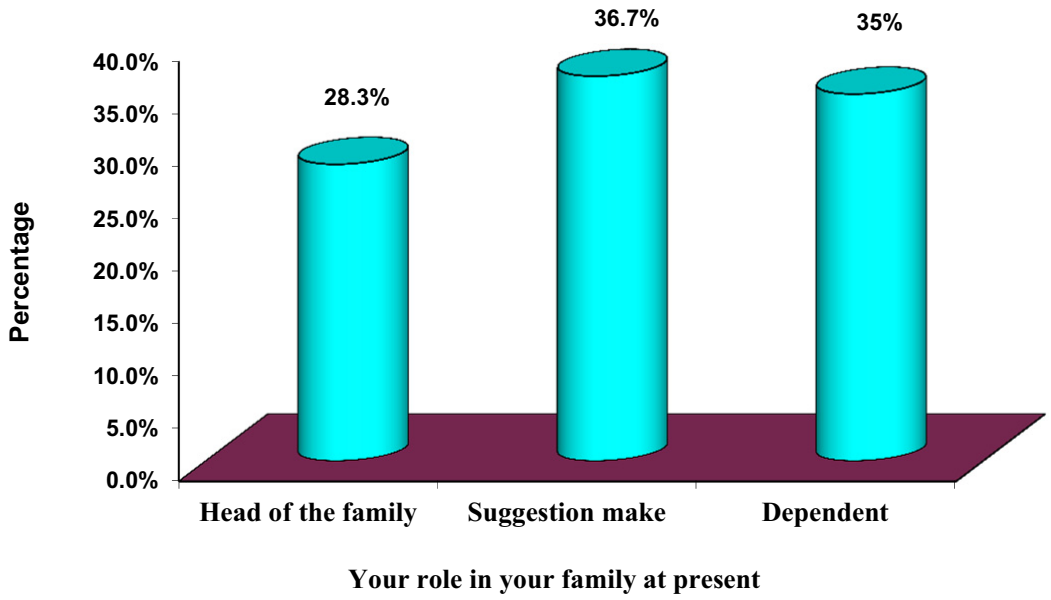


Fig.16: Pie diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their role in your family at present.

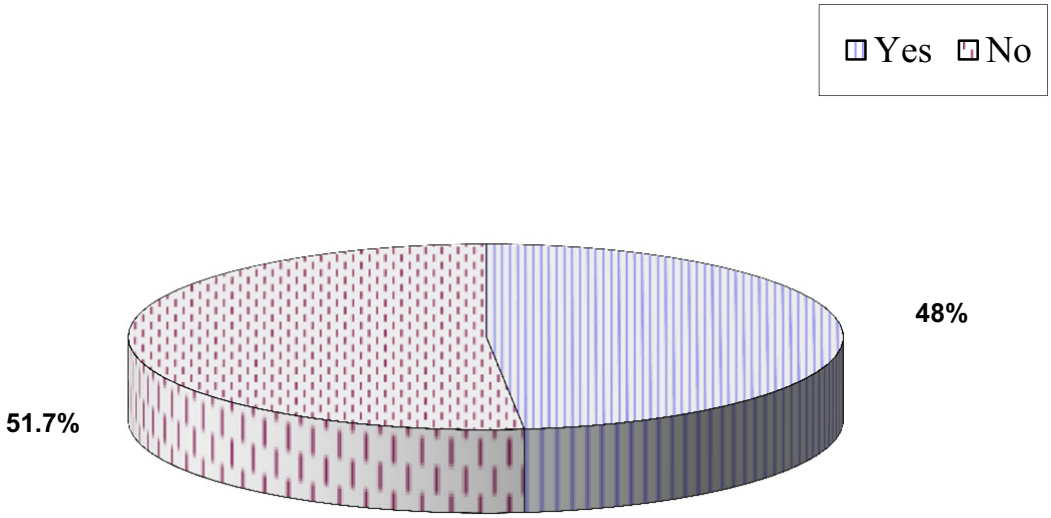


Fig.17: Pie diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their participation in house hold activities like taking care of children house maintenance.

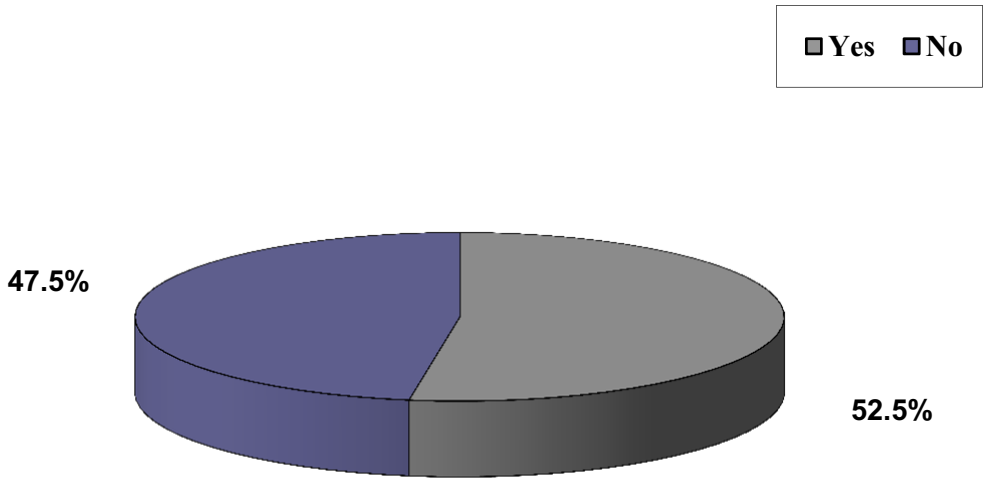


Fig.18: Pie diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their participation in religious actives.

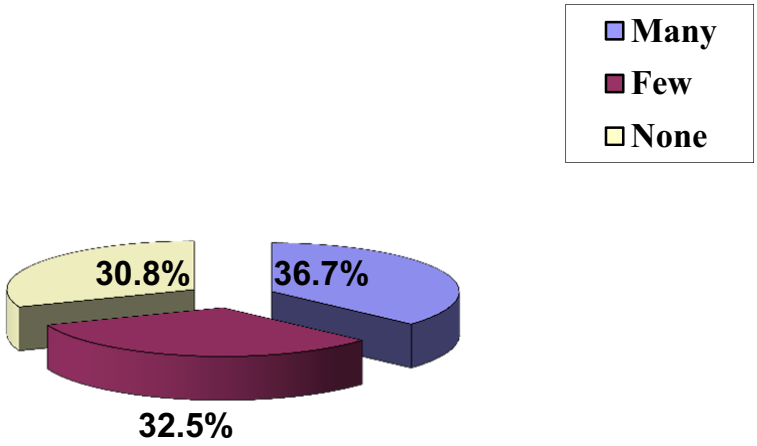


Fig.19:. Pie diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their how many friends do you have.

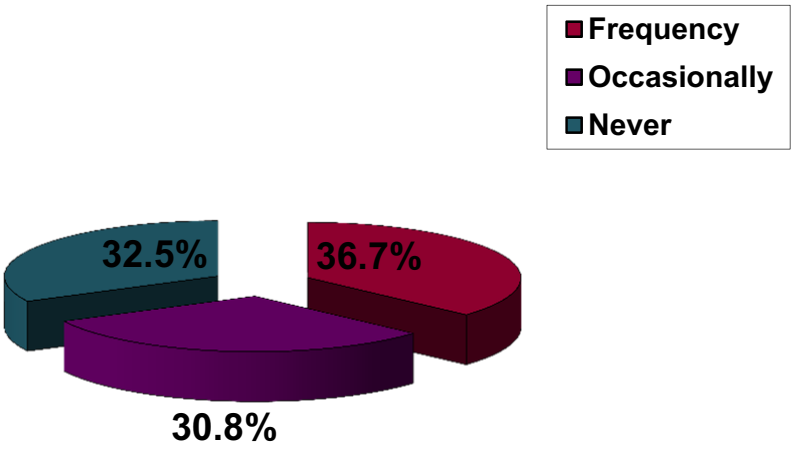


Fig. 20: Pie diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their how often your friends are relatives visit.

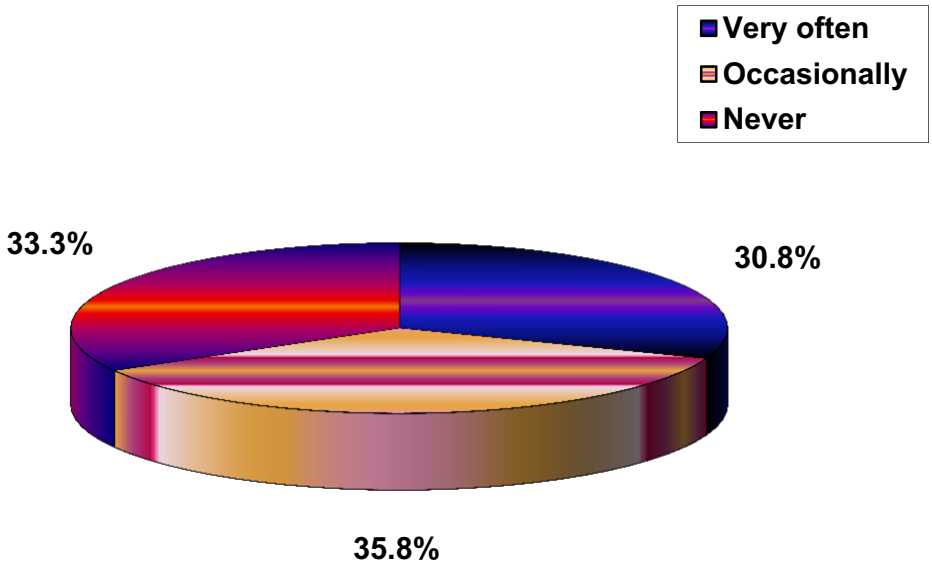


Fig.21: Pie diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their how often participate in social activities like marriage and often function.

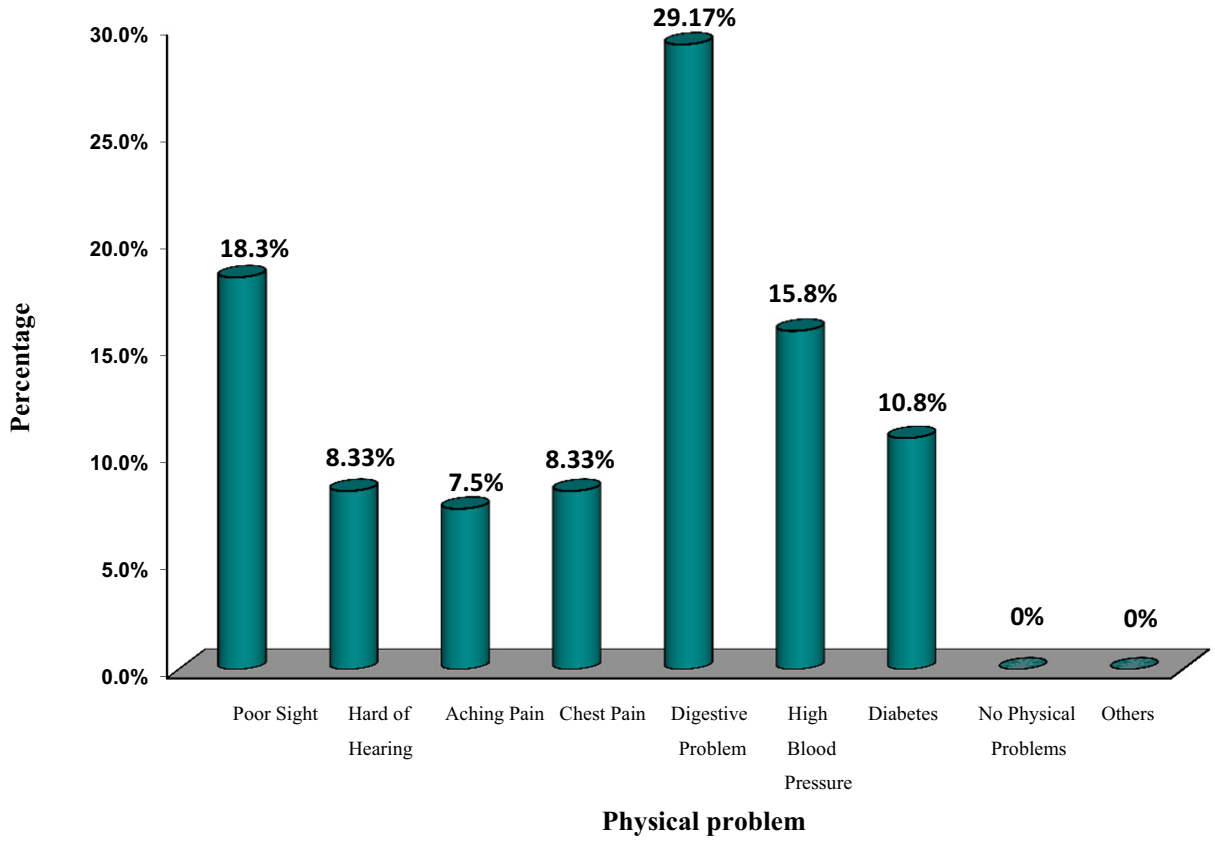


Fig.22:Cylinder diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their homes according to their serious physical problem.

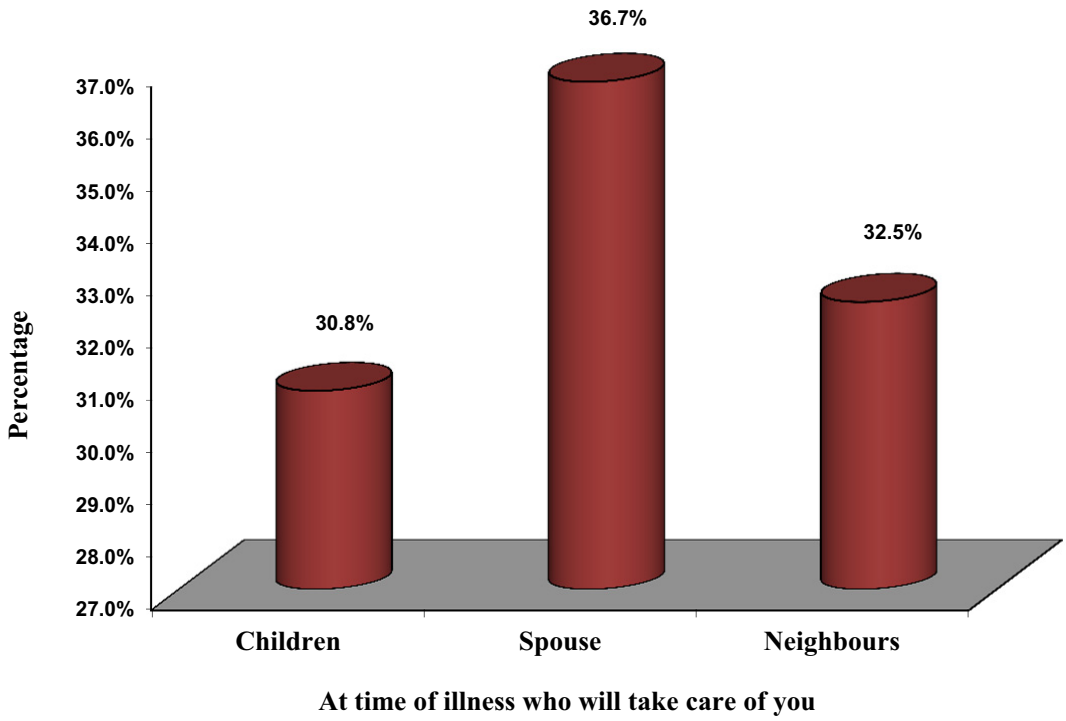


Fig.23: Cylinder diagram showing percentage wise distribution of psychosocial problem faced by elderly living in their homes according to their at time of illness who will take care of you.

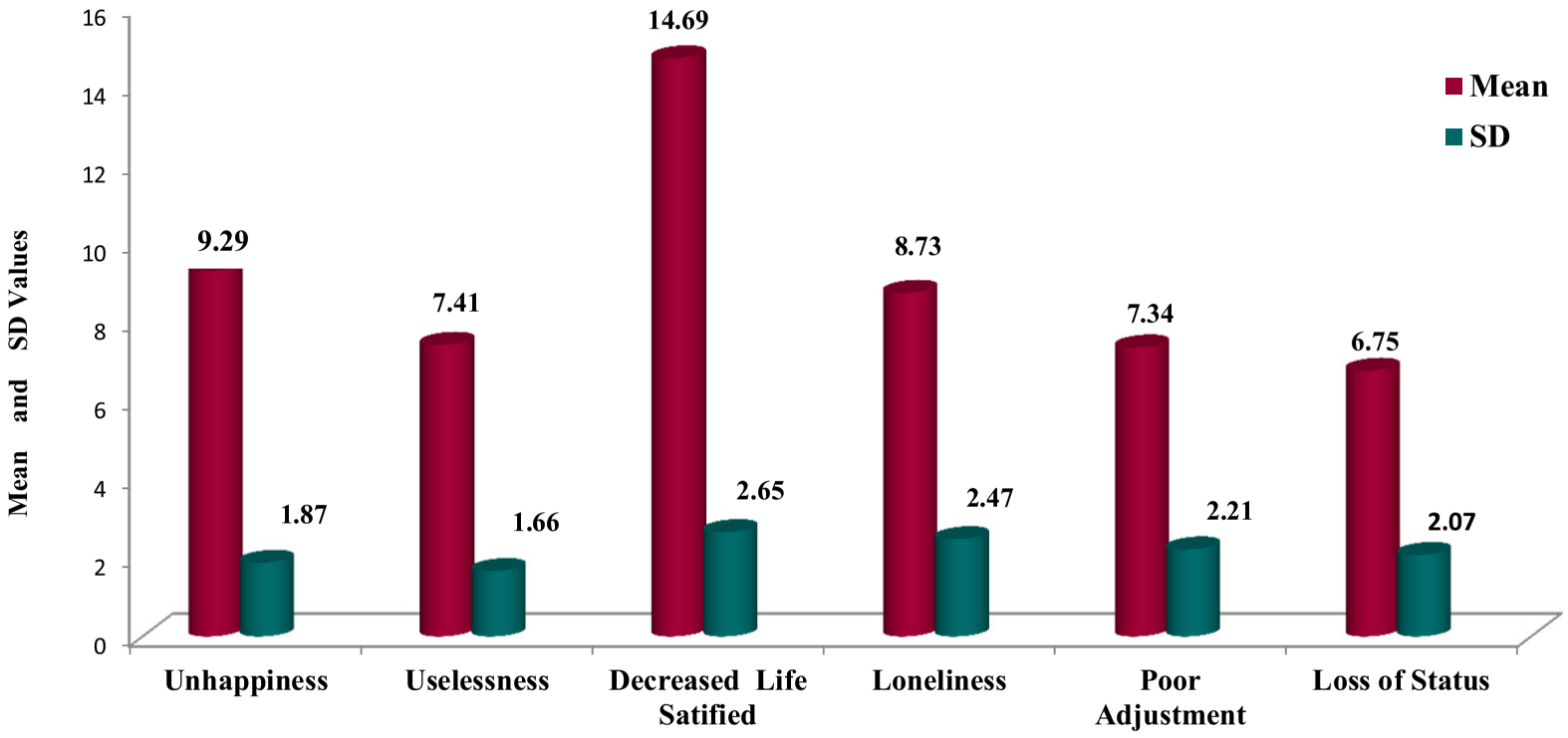


Fig.24 :Mean , SD wise distribution of study to assess the psychosocial problems faced by elderly living in their own homes in Sriramapuram Village.

Table –2: Frequency and percentage wise distribution of level of psychosocial problems faced by elderly living in their own homes in a selected village in sriramapuram

Level of psychosocial problems	F	%
High	52	43
Medium	32	26
Low	36	31
Total	120	100

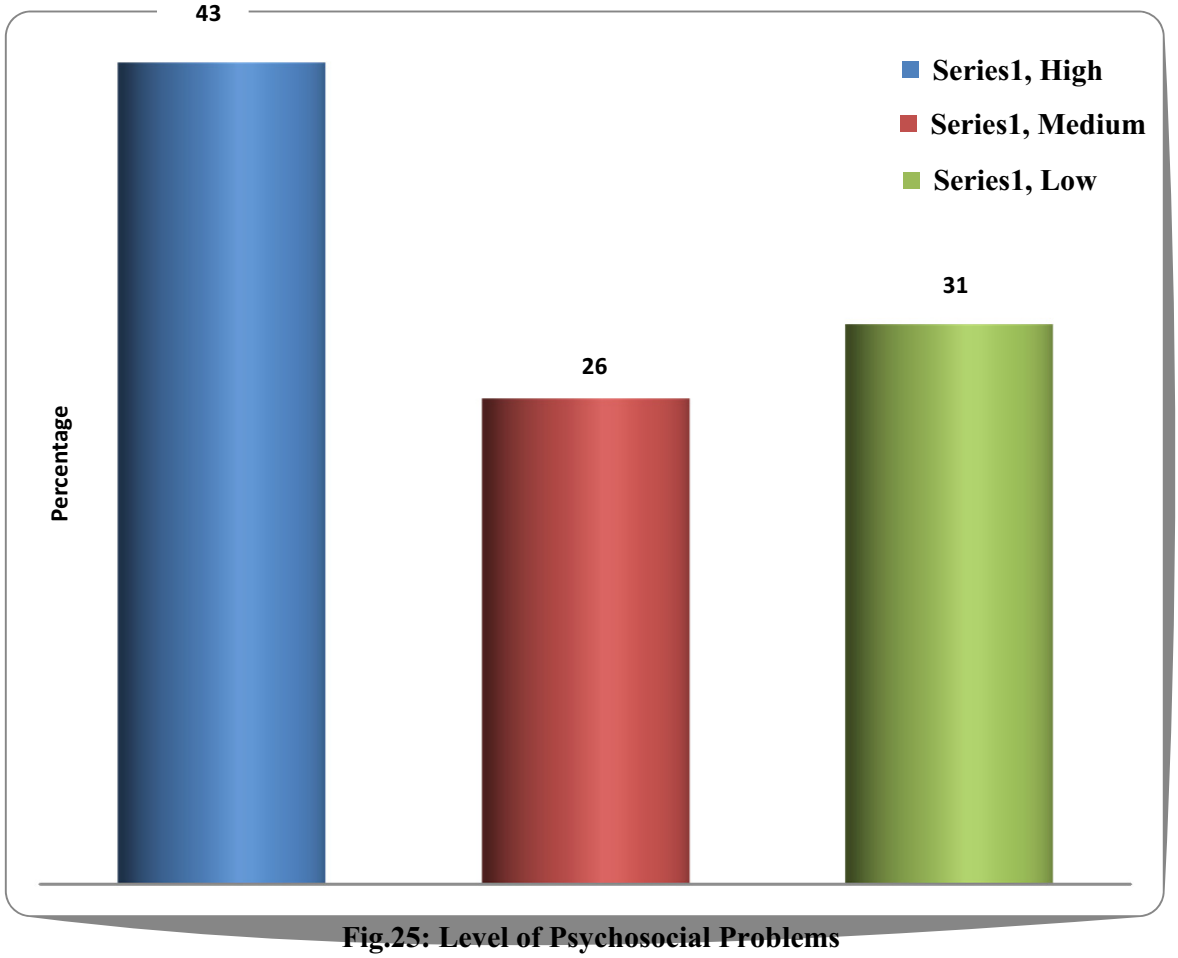


Fig.25: Level of Psychosocial Problems

Section B

Table 3: Distribution of sample to assess the psychosocial problems faced by elderly living in their own homes according to each domain in sriramapuram village according to each dimensions.

Mean, SD wise distribution of study to assess the psychosocial problems faced by elderly living in their own homes in sriramapuram village.

Dimension	Max Score	Range	Mean	SD	Mean %
Unhappiness	15	14-6	9.29	1.87	62
Uselessness	12	12-4	7.41	1.66	62
Decreased life satisfaction	24	20-10	14.69	2.65	61
Loneliness	15	13-5	8.73	2.47	58
Poor adjustment	12	12-4	7.34	2.21	61
Loss of status	12	12-4	6.75	2.07	56
Overall	90	71-40	54.23	9.55	60

From Table 3 it can be inferred that majority (62%) of the elderly people had unhappiness and (58%) of the elderly feeling loneliness & most of them (61%) had poor adjustment.

Table – 4: Frequency and percentage wise distribution of level of psychosocial problems faced by elderly living in their own homes in a selected village in sriramapuram

Level of psychosocial problems	F	%
High	**52**	**43**
Medium	**32**	**26**
Low	**36**	**31**
Total	**120**	**100**

From table 4 it can be inferred that majority 43%of the elderly people had high level of psycho social problem and 26 % of the elderly people had medium level of psycho social problems and 30% of the people had low level.

Table 5: Association between level of psycho social problem among elderly people and selected demographic variable

S.No	Demographic variables	Low		High		x^2	p-value
		f	%	f	%		
1.	Age						
	61- 70 years	17	14	43	36	2.34	0.126
	71-80 years	25	21	35	29	(df=1)	NS
2.	Sex						
	Male	16	13	40	33	1.907	0.167
	Female	26	22	38	31	(df=1)	NS
3	Religion						
	Hindu	22	18	47	39	5.21	0.224
	Christian	31	26	28	23	(df=2)	NS
	Muslim	7	6	3	2		
4	Education						
	Illiterate	6	5	18	15		
	Primary	7	6	14	12	7.37	0.117
	Middle school	10	8	10	8	(df=4)	S
	High school	15	12	18	15		
	HSC and above	4	3	18	15		
5	Marital status						
	Married	15	12	23	19	0.546	0.76
	Divorced/separated	15	12	29	24	(df=2)	NS
	Widow(widower)	12	10	26	22		
6	Previous occupation						
	Employed	16	13	29	24	0.524	0.769
	Unemployed	11	9	25	21	(df=2)	NS
	Business	15	12	24	20		
7	Type of family						
	Nuclear	14	12	25	21	0.024	0.988
	Joint	15	12	28	23	(df=2)	NS
	Extended	13	11	25	21		
8	With whom do you live						
	Children	16	13	28	23	1.33	0.515
	Spouse	11	9	28	23	(df=2)	NS
	Alone	15	12	25	18		

9	The source of income at time of head	9	7	25	21		
	Present earning pension	12	10	16	13		
	Previous saving	12	10	15	12	3.39	0.335
	Spouse	9	7	22	18	(df=3)	NS
	Children						
10	Type of income do you have at present	24	20	39	32	0.55	0.455
	Regular	18	15	39	32	(df=1)	NS
	Irregular						
11	Adequacy of money to meet your needs	14	12	24	20		
	Yes	14	12	26	22	0.108	0.947
	No	14	12	28	23	(df=2)	NS
	Partially adequate						
12	No of years since you stopped working	19	16	24	20	3.03	0.219
	0-5 years	12	10	23	19	(df=2)	NS
	5-10years	11	9	31	26		
	10 years and above						
13	Engaged to any where after your primary occupation	14	12	40	33	3.55	0.059
	Yes	28	23	38	32	(df=1)	NS
	No						
14	Your role in the family at present	11	9	23	19	0.412	0.814
	Head of the family	17	14	27	22	(df=2)	NS
	Suggestion maker	14	12	28	23		
	Dependent						
15	Participation in house hold activities like taking care of children and house maintenance	21	17	41	34	0.071	0.789
	Yes	21	17	37	31	(df=1)	NS
	No						
16	Participation in religious activities	21	17	42	35	0.16	0.687
	Yes	21	17	36	30	(df=1)	NS
	No						
17	How many friends do you have	18	15	26	22	2.31	0.315
	Many	10	8	29	24	(df=2)	NS
	Few	14	12	23	19		
	None						

18	Visit of your friends and relatives	17	14	27	22	2.26	0.324
	Frequently	15	12	22	18	(df=2)	NS
	Occasionally	10	8	29	24		
	Never						
19	Participation in social activities like marriage and other function	11	9	26	22	2.63	0.267
	Very often	13	11	30	25	(df=2)	NS
	Occasionally						
	Never						
20	Physical problem	18	15	22	18		
	Poor insight	4	3	18	15		
	Hard of hearing	2	2	8	7		
	Aching joint	3	2	6	5	6.11	0.451
	Chest pain	5	2	5	4	(df=6)	NS
	Digestive problem	10	8	25	21		
	High blood pressure	15	12	4	3		
	Diabetes	3	2	10	8		
	No physical problem	0	0	0	0		
	others						
21	At time of illness who will take care of you	0	0	0	0		
	Children	18	15	21	17	5.17	0.075
	Spouse	14	12	23	19	(df=2)	NS
	Neighbors	10	8	24	20		

p<0.05, significant and **-p<0.01&-p<0.001. highly significant**

To determine the association of psycho social problems with the demographic variables of elderly people, the null hypothesis was stated as below.

There will be no statistically significant association between the level of psycho social problems and the demographic variables of elderly people.

Table 3 shows that there was statistically significant association between the level of education (X^2 = 7.37) and the psycho social problems of elderly. The researcher accepts the research hypothesis and rejects the null hypothesis for this variable.

There is association between level of education and psycho social problem. There was no association between the psycho social problem with selected demographical variables such as Age (x^2 =2.34), Sex (x^2 =1.907), religion(x^2=5.21), marital status (x^2=0.546), Previous occupation(x^2=0.524), Family type (x^2=0.024), Living with (x^2=1.33), the source of income(x^2=3.39), type of income (x^2=0.55), adequacy of money(x^2=0.108), years since stopped working(x^2=3.03), engaged in any activities at present(x^2=3.55), role in the family at present(x^2=0.412), participation in house hold activities(x^2=0.071) and religious activities(x^2=0.16), number of friends(x^2=2.31), visit of friends and relatives(x^2=2.26), participation in social activities(x^2=2.63), physical problem(x^2=6.11), the person who takes care during illness(x^2=5.17)

Thus the researcher rejects the research hypotheses and accepts the null hypotheses for these variables.

CHAPTER- V

DISCUSSION

CHAPTER V

DISCUSSION

The aim of this study was to assess the psycho social problems faced by the elderly people in their own homes in a selected area of dindigul

The study consisted of 120 samples. The tool used for this study was structured inventory schedule based on Roy's adaptation model. The findings of the study are discussed in this chapter with reference to the objectives of the study.

Regarding the demographic characteristics of elderly people

With regard to age half (50%) of the samples were between 61-70 years and another half (50%) between 71-80 years .majority (69%) of the samples were Hindus. Just nearly half (33%) of the samples had high school education. Most (44%) of the samples were divorced/separated. Nearly half (45%) of the samples were previously employed. About 43% of the samples were belonging to joint family. Majority (44%) of the samples are living with their children than with spouse or being alone. With regard to the source of income 34% of elderly people are getting their pension .money that they get is partially adequate (42%) to meet the present day needs. Nearly (43%) of the people stopped their work between 0-5 years. With the regard to role in the family at present majority (44%) of the samples are just suggestion makers. More than half (62%) of the people are taking responsibilities at home like taking care of the children and maintain the house. around (63%) of the people are participating in the religious activities. Nearly (44%) half of the samples had many friends and they too visit them frequently. Around (43%) of the people attend the social activities like marriage and common functions etc. Majority (35%) of the people have digestive

problem as leading health issue. Interestingly during the time of illness (44%) the spouse takes care of them.

The first objective of the study was to assess the psychosocial problems faced by the elderly

The findings related to the objectives are described in table 2. From table 2, it can be inferred that majority of the samples had high level (43%) of psycho social problems, and (26%) of them had medium level of problem, and 30 % of the elderly people had low level of psychosocial problems.

Table 3 shows that the level of psycho social problems according to individual domains. More than half (62%) of the samples are unhappy and feel useless. Next to that nearly (61%) of elderly people are living the life without satisfaction and difficulty in social adjustment.(58%)of the people feel loneliness and (56%) of the sample think that they lost their status in life.

The second objective of the study was to find out the association between psychosocial problems with selected demographical variable of elderly people.

Table 5 shows that there was statistically significant association between the level of education (X^2 = 7.37) and the psycho social problems of elderly. The researcher accepts the research hypothesis and rejects the null hypothesis for this variable.

There is association between level of education and psycho social problem. There was no association between the psycho social problem with selected demographical variables such as Age (x^2 =2.34), Sex (x^2 =1.907), religion(x^2=5.21), marital status (x^2=0.546), Previous occupation(x^2=0.524), Family type (x^2=0.024), Living with (x^2=1.33), the source of income(x^2=3.39), type of income (x^2=0.55), adequacy of money(x^2=0.108), years since stopped working(x^2=3.03), engaged in any

activities at present(x^2=3.55), role in the family at present(x^2=0.412), participation in house hold activities(x^2=0.071) and religious activities(x^2=0.16), number of friends(x^2=2.31), visit of friends and relatives(x^2=2.26), participation in social activities(x^2=2.63), physical problem(x^2=6.11), the person who takes care during illness(x^2=5.17)

Thus the researcher rejects the research hypotheses and accepts the null hypotheses for these variables.

CHAPTER- VI

SUMMARY AND RECOMMENDATIONS

CHAPTER-VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATION

This chapter deals with the summary of the study and conclusions. It clarifies the implications for nursing practice and recommendation for further research in the field.

SUMMARY

It was decided to conduct a descriptive study to determine the psycho social problems faced by the elderly in a selected area. Data for the demographic variables were collected by structured interview schedule. The total sample size was 120.

Descriptive and inferential statistics (frequency, percentage, mean and chi-square test) was used to analyze the data

MAJOR FINDINGS OF THE STUDY

With regard to age half (50%) of the samples were between 61-70 years and another half (50%) between 71-80 years .majority (69%) of the samples were Hindus. Just nearly half (33%) of the samples had high school education. Most (44%) of the samples were divorced/separated. Nearly half (45%) of the samples were previously employed. About 43% of the samples were belonging to joint family. Majority (44%) of the samples are living with their children than with spouse or being alone. With regard to the source of income 34% of elderly people are getting their pension .money that they get is partially adequate (42%) to meet the present day needs. Nearly (43%) of the people stopped their work between 0-5 years. With the regard to role in the family at present majority (44%) of the samples are just suggestion makers. More than half (62%) of the people are taking responsibilities at home like taking care of the

children and maintain the house. around (63%) of the people are participating in the religious activities. Nearly (44%) half of the samples had many friends and they too visit them frequently. Around (43%) of the people attend the social activities like marriage and common functions etc. Majority (35%) of the people have digestive problem as leading health issue. Interestingly during the time of illness (44%) the spouse takes care of them.

Majority of the samples had high level (43%) of psycho social problems, and (26%) of them had medium level of problem and 30 % of the elderly people had low level of psychosocial problems.

The level of psycho social problems according to individual domains are: More than half (62%) of the samples are unhappy and feel useless. Next to that nearly (61%) of elderly people are living the life without satisfaction and difficulty in social adjustment.(58%)of the people feel loneliness and (56%) of the sample think that they lost their status in life.

There was no association between the psycho social problem with selected demographical variables such as age, sex, religion, marital status, previous occupation, family type, living with, the source of income, type of income, adequacy of money, years since stopped working, engaged in any activities at present, role in the family at present, participation in house hold activities and religious activities, number of friends, visit of friends and relatives, participation in social activities, physical problem, the person who takes care during illness .

CONCLUSION

These findings of the study have been discussed in terms of the objectives;

1. The people who are divorced/ separated suffered from psycho social problems
2. The people whose education is very low finding it difficult to adjust with the changes
3. The elderly who are struggling with the financial problem and lost their status in the family and society feels that their life is full of empty and meaningless.
4. The people those who had many friends reported to have stress free life.

IMPLICATIONS

The findings of the study have several implications in the following field.

IMPLICATIONS FOR NURSING PRACTICE

1. The study findings revealed that , health care professionals have a major responsibility in addressing psycho social problems faced by elderly people , with a focus on primary prevention
2. The nurse can plan teaching program for elderly having psycho social problems, because many old agers feel lonely, helpless, hopeless and powerless because of loss of social support and social standing in the society. Some of them even lose the desire to live and get suicidal tendencies.
3. The nurse can plan instructional module about prevention of psychosocial problems
4. The nurse can provide referral services like short stay home
5. The nurse has to communicate with the other social workers and conduct awareness program

6. The nurse can motivate to form support groups
7. Community health nurses a major role in identifying risk factors and help to over come
8. There should be public awareness to prevent psycho social problems of elderly and to promote health of the elderly people.

IMPLICATIONS FOR NURSING EDUCATION

1. This study helps the nursing students to learn about the psychological and social problems faced by the elderly people
2. This study has valuable information for nursing educator regarding psychosocial problem of elderly which will be useful in sight to be included in the curriculum.
3. The nurse teacher has to encourage the students to conduct health camp, for early identification and prevention of psycho social problems
4. The nurse teacher has to encourage the students to conduct the teaching programme for the family members regarding the nature of elderly people and how to take care of them.
5. Post graduate psychiatric students can be sent to community posting to identify the psycho social problems of elderly

IMPLICATION FOR NURSING RESEARCH

1. Study can be undertaken to evaluate the effects of psycho social problems of elderly
2. A study can be done to compare the risk factors of psycho social problems in urban and rural area
3. Study can be done to assess the knowledge and attitude of family members regarding psycho social problems faced by the elderly

4. A study can be done to assess the effectiveness of counseling among elderly people with psychosocial problems in improving coping mechanisms

Implications for nursing administration

1. This study will help the administrator in arranging continuing education programme to nurses regarding the assessment of psycho social problems faced by the elderly and its risk factors
2. It motives the nursing administrator to emphasize and encourage the nurses to develop skill in assessing psycho social problems faced by the elderly.

LIMITATIONS

The study was conducted among the elderly people from a selected area of dindigul only. So generalization must be done with caution.

RECOMMENDATIONS

The researcher made the following recommendations after study

1. This study can be a baseline for future studies to build upon and motivate other researcher to conduct further studies.
2. Extensive research can be conducted in this area
3. The study also brings about the fact that more studies need to be done at different settings
4. In depth research can be done in each domain that is psychological problems, social problems.

SUMMARY

The issue of psycho social problems faced by elderly people at the individual or community level is also a health concern. Health care providers must strive to eliminate the social stigma involved when discussing the subject of problems. Proper

screening should be used to identify the elderly with psychosocial problems. Nurses have the ability and the responsibility to help elderly people with psychosocial problems.

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APPENDICES

APPENDIX- I

Letter I : letter seeking permission to conduct the study

SAKTHI COLLEGE OF NURSING
(Approved by Govt. of Tamilnadu, Recognised by INC, TNC & Affiliated to Dr. M.G.R. Medical University)

Sakthi Nagar, Dindigul - Palani Main Road,
Palakkanuthu - (Po.),
Oddanchatram - 624 619.
Dindigul (Dt.), Tamilnadu.

Phone : 0451 - 2050272
Mobile : 97509 56810
Fax : 0451-2554317
E-mail : sakthinursingcollege@gmail.com

PERMISSION LETTER

From

The Principal,
Sakthi College of Nursing,
Oddanchatram, Dindigul (Dt)

To

The Medical officer,
Primary Health Center,
Sri Ramapuram,
Oddanchatram,
Dindigul

Respected Sir / Madam,

Sub.: Request for permission to conduct research study – reg.

MR. NIRMAL KUMAR MOSES is a bonafide M.Sc., Nursing student studying in our college. As a partial fulfillment of The Tamilnadu Dr. MGR Medical University requirement for the award of the M.Sc., Nursing Degree, he is undertaking (**"A STUDY TO ASSESS THE PSYCHOSOCIAL PROBLEMS FACED BY ELDERLY LIVING IN THEIR OWN HOMES IN A SELECTED COMMUNITY AREA AT DINDIGUL DISRICT"**), he has identified your centre as the best place to conduct the study.

Further details of the proposed project will be furnished by the student personally. he will not hinder your routine in any way and he will abide to the rules and regulations of the institution. All the information collected from institution will be kept confidential.

I kindly request you to grant him permission to conduct the study at your esteemed institution.

Thanking you,

Yours sincerely,

Date : 7-8-2015

Place : Oddanchatram

MEDICAL OFFICER
GOVT. PRIMARY HEALTH CENTRE
SRI RAMAPURAM - 624 622,
DINDIGUL (Dt).

APPENDIX- II

CONTENT VALIDITY

From

Mr.Nirmal kumar Moses,
M.Sc Nursing IInd Year,
Sakthi College of Nursing.
Oddanchatram, Dindigul.

To

Respected Sir / madam,

Sub:-Requisition from expert opinion and content validity reg.

I am II year MSc Nursing student, studying in Sakthi College of Nursing Oddanchattram, Dindigul under Tamilnadu Dr.MGR Medical University.

As a partial fulfillment of M.Sc Nursing Degree program, I am conducting a research study "A study to assess the psycho social problems faced elderly living in their own homes in sriramapuram village at dindigul district".

I am sending the research tool for content validity and request you to give your expert and valuable review and opinion. I will be very thankful if you return at the earliest. Here with I have enclosed the necessary documents.

Thanking you.

Yours Sincerely.
(Mr.Nirmal kumar Moses)

Enclosed:
Statement of the problem and objectives of the study.
Tool with blueprint and scoring key.
Brief note on the research Methodology and intervention tool.
Certificate of content validity.

APPENDIX -III

CERTIFICATE OF CONTENT VALIDITY

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the tool prepared by **Mr.Nirmal Kumar Moses,** M.Sc(N) II year student of Sakthi College of Nursing for the conduction of the study. **"A study to assess the psycho social problems faced by elderly living in their own homes in sriramapuram village at dindigul district"** is valid. He can proceed in conducting the data collection with it.

Place:

Date:

Signature

APPENDIX -IV

LIST OF EXPERTISE

1. **Prof.Mrs. Sharmila .J,M.Sc(N),Ph.D.**,
   H.O.D., Mental Health Nursing,
   Padmashree Institute of Nursing,
   Kengeri,Bangalore-60.

2. **Prof.Mr.Pitchai,M.Sc(N)**

   H.O.D., Mental Health Nursing,
   C.S.I College of Nursing,
   Karakonam,Trivandrum, Kerala.

3. **Prof.Mr.Rajinikanth,M.Sc(N),**

   30,Call Son street,
   Viruthunagar,
   Viruthunagar Dist.

4. **Prof.Mr.Natraj,M.Sc(N),**

   Chruch Street,
   Namkkal,
   Namkkal Dist.

5. **Asso.Prof.Mr.Flemming Andrew Tom, M.Sc(N),**
   H.O.D., Mental Health Nursing
   Sakthi College of Nursing,
   Karur, Tamilnadu.

6. **Dr.Mahalakshmi M.B.B.S., DPM.,**
   Government Hospital,
   Dindigul (DT).

APPENDIX -V

CERTIFICATE FOR TAMIL EDITING

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the dissertation fitted "**A study to assess the psycho social problems faced by elderly living in their own homes in sriramapuram village at dindigul district**" By **Mr.Nirmal kumar Moses,** M.Sc(N) II Year student of Sakthi College of Nursing was edited for Tamil Language appropriateness by **Mr.V.Sakthivel, M.A,.B.Ed**.,**A.M.A.,** Vice Principal, Sakthi College of Arts and Science.

APPENDIX -VI

CERTIFICATE FOR ENGLISH EDITING

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the dissertation fitted **"A study to assess the psycho social problems faced by elderly living in their own homes in sriramapuram village at dindigul district"** By **Mr. Nirmal kumar Moses,** M.Sc(N) II Year student of Sakthi College of Nursing was edited for English Language appropriateness by **Ms.Sathiya, M.A.,M.Phil.,M.B.A.,** HOD of English Department, Sakthi College of Arts and Science.

Signature

Sakthi College of Arts and Science for Women
Sakthi Nagar, Palakkanuthu (Po),
Oddanchatram - 624 619, Dindigul Dist.

APPENDIX –VII

SECTION- I

Demographic Data

Dear Participants:

This section consists of the personal information and you are requested to answer the question correctly. The information collected from you will be kept confidential

Demographic Characteristics of Elderly

1. Age : 61-70 years ☐
   71-80 years ☐

2. Sex : Male ☐
   Female ☐

3. Religion : Hindu ☐
   Muslim ☐
   Christian ☐

4. Education : Illiterate ☐
   Primary school ☐
   Middle school ☐
   High school ☐
   Higher secondary and above ☐

5. Marital status : Married ☐
   Divorced/ separated ☐
   Widowed/ widow ☐

6. Previous occupation : Employed ☐

Unemployed ☐

Business ☐

7. Type of family : Nuclear ☐

Joint ☐

Extended ☐

☐

8. With whom do you live : Children

Spouse ☐

Alone ☐

9. Source of income at time of head : present earning pension ☐

Previous saving ☐

Spouse ☐

Children ☐

10. Type of income at present : Regular ☐

Irregular ☐

11. Money you get is adequate to meet the needs : Yes ☐

No ☐

Partially adequate ☐

12. No of years you stopped working : 0-5 years ☐

5-10 years ☐

10 years and above ☐

13. Engaged anywhere after your primary occupation : Yes ☐
No ☐

14. Role in your family at present : Head of the Family ☐
Suggestion maker ☐
Dependent ☐

15. Participation in house hold activities like
Taking care of children and house maintenance: Yes ☐
No ☐

16. Participation in religious activities : Yes ☐
No ☐

17. No of friends you have : Many ☐
Few ☐
None ☐

18. Visit of your friends and relatives : Frequently ☐
Occasionally ☐
Never ☐

Participation in social activities like marriage : Very often
Occasionally ☐
Never ☐

19. Physical problem	:	poor sight	☐
		Hard of hearing	☐
		Aching joint	☐
		Chest pain	☐
		Digestive problem	☐
		High blood pressure	☐
		No physical problem	☐
		Others	☐
20. The person who look after you at time of Sickness	:	Children	☐
		Spouse	☐
		Neighbors	☐

SECTION- II

Questionnaire on Psychosocial Problems of Elderly

General Instruction:

Dear respondents, here are 30 questions which reflect opinion, listen to each of the statement and check your position on the scale as to whether you agree, disagree or undecided. As the statement first impresses you, there are no right and wrong answer. Answer us according to your conviction. The information collected from you will be kept confidential .

S.no	Item	agree	undecided	Disagree
1.	My life is full of worries			
2.	My life is an enjoyable			
3.	I am just as happy as when I was I younger days			
4.	I feel that my life is empty			
5.	This is the dreariest (gloomier)time of my life			
6.	I am of some use to the people around me			
7	Sometimes I feel there is just no point in living			
8	My life is still busy and useful			
9	The days are too short for all I want to do			
10	I have had more of advantages in life than other			
11	Most of the things I do are boring and monotonous			
12	As I grow older, things seem better than I thought they would be			
13	I feel old and somewhat tired			
14	As I look back my life I am fairly well satisfied			

15	Compared to other people of my age I have made a lot of foolish decisions in my life			
16	The life setting in which I live is not satisfying me			
17	I have got pretty much I expected out of life			
18	I feel I am left alone			
19	I feel nobody wants and cares me			
20	I am no longer close to any one			
21	There are people who really understands me			
22	People are around me but not with me			
23	I feel that I am old, but it does not make me worried			
24	I accept that my children are taking responsibilities in the family			
25	I don't like decisions of my family members regarding my well being			
26	I am dissociation with the works of my children and grand children			
27	I am not respected in my life			
28	All my dealings are worthful to my family			
29	I feel that my desires and interests are not valued by those around me			
30	I feel that I am leading an unworthy and useless life			

APPENDIX VIII

பகுதி - அ

தனி நபர் பற்றிய நேர் கானல் படிவம்

குறிப்பு: இந்த பகுதியில் உங்களைப் பற்றிய சொந்த விபரங்கள் கொடுக்கப் பட்டுள்ளது. இதற்கு சரியான விடை அளிக்குமாறு கேட்டுக்கொள்கிறேன். இந்த விபரங்கள் ரகசியமாக வைத்துக் கொள்ளப்படும்.

1.	வயது	
அ)	61-70 வருடங்கள்	[ ]
ஆ)	70-80 வருடங்கள்	[ ]
2.	பாலினம்	
அ)	ஆண்	[ ]
ஆ)	பெண்	[ ]
3.	மதம்	
அ)	இந்து	[ ]
ஆ)	கிறிஸ்துவம்	[ ]
இ)	இஸ்லாமியம்	[ ]
4.	கல்வித்தகுதி	
அ)	ஆரம்பநிலை	[ ]
ஆ)	இடைநிலைக்கல்வி	[ ]
இ)	உயர்நிலைக்கல்வி	[ ]
ஈ)	மேல்நிலைக்கல்வி மற்றும் அதற்கு மேல்	[ ]
5.	திருமணத்தகவல்	
அ)	திருமணம் ஆனது	[ ]
ஆ)	விவாகரத்து / பிரிந்து வாழ்தல்	[ ]

6.	முந்தைய தொழில்	
அ)	வேலை உள்ளது	[ ]
ஆ)	வேலை இல்லை	[ ]
இ)	வியாபாரம்	[ ]
7.	குடும்ப நிலை	
அ)	தனிக்குடும்பம்	[ ]
ஆ)	கூட்டுக்குடும்பம்	[ ]
8.	யாரோடு வாழ்ந்து கொண்டிருக்கிறீர்கள்	
அ)	குழந்தைகளோடு	[ ]
ஆ)	துணைவி / துணைவன்	[ ]
இ)	துனியாக	[ ]
9.	உங்களின் வருமான மூலம் எது?	
அ)	ஓய்வூதியத்திலிருந்து	[ ]
ஆ)	முந்தைய சேமிப்பிலிருந்து	[ ]
இ)	துணைவியார்	[ ]
ஈ)	குழந்தைகள்	[ ]
10.	எத்தகைய வருமானம் தற்போது உள்ளது	
அ)	தொடர்ச்சியாக	[ ]
ஆ)	விட்டு விட்டு	[ ]
11.	இந்த பணம் உங்களது தேவைக்கு போதுமானதாக இருக்கிறதா?	
அ)	ஆம்	[ ]
ஆ)	இல்லை	[ ]
இ)	சிறிது பூர்த்தியாகின்றது	[ ]

12.	நீங்கள் வேலை செய்வதை விட்டு எத்தனை வருங்கள் ஆகின்றது	
அ)	0-5 வருடங்கள்	[ ]
ஆ)	5-10 வருடங்கள்	[ ]
இ)	10 வருடங்களுக்கு மேல்	[ ]
13.	முதன்மை தொழிலைத்தவிர வேறு ஏதேனும் தொழில் உண்டா?	
அ)	ஆம்	[ ]
ஆ)	இல்லை	[ ]
14.	உங்கள் வீட்டில் தற்போது உங்களின் நிலை என்ன?	
அ)	குடும்பத்தலைவர்	[ ]
ஆ)	ஆலோசனை தருவது	[ ]
இ)	சார்ந்து இருப்பது	[ ]
15.	நீங்கள் உங்களுடைய குழந்தைகள் மற்றும் வீட்டைப்பார்த்துக்கொள்வது உண்டா?	
அ)	ஆம்	[ ]
ஆ)	இல்லை	[ ]
16.	மதம் சார்ந்த நிகழ்ச்சிகளில் பங்கேற்பது உண்டா?	
அ)	ஆம்	[ ]
ஆ)	இல்லை	[ ]
17.	உங்களுக்கு எத்தனை நண்பர்கள் இருக்கிறார்கள்?	
அ)	ஆதிகமாக	[ ]
ஆ)	குறைவாக	[ ]
இ)	யாருமில்லை	[ ]

18.	உங்களுடைய நண்பர்கள் உங்களைப் பார்க்க எத்தனை முறை வந்திருக்கிறார்கள்	
அ)	எப்போதாவது	[ ]
ஆ)	சில சமயங்களில்	[ ]
இ)	இல்லவே இல்லை	[ ]
19.	எத்தனை முறை திருமணம் மற்றும் சுபகாரியங்களில் கலந்து கொண்டீர்கள்?	
அ)	அடிக்கடி	[ ]
ஆ)	எப்போதாவது	[ ]
இ)	இல்லை	[ ]
20.	உங்களுக்கு இருக்கக்கூடிய மிகவும் மோசமான உடல்சார்ந்த பிரச்சினை என்ன?	
அ)	மங்கலான பார்வை	[ ]
ஆ)	கேட்கும் திறன் குறைவு	[ ]
இ)	மூட்டுவலி	[ ]
ஈ)	இருதய வலி	[ ]
உ)	ஆஜீரண கோளாறு	[ ]
ஊ)	உயர் இரத்த அழுத்தம்	[ ]
எ)	சர்க்கரை வியாதி	[ ]
ஏ)	உடல்சார்ந்த பிரச்சினை இல்லை	[ ]
ஐ)	வேறு ஏதேனும்	[ ]
21.	வியாதி சமயத்தில் உங்களை யார் பார்த்துக்கொள்வார்கள்	
அ)	என்னுடைய குழந்தைகள்	[ ]
ஆ)	என்னுடைய துணைவியார் (துணைவன்)	[ ]
இ)	பக்கத்துவீட்டுக்கார்கள்	[ ]

பகுதி - ஆ

முதியோர்களுக்கு ஏற்பட கூடிய மன உளவியல் சார்ந்த பிரச்சினைகள் பற்றிய கேள்விகள்

குறிப்பு: தாங்கள் எத்தகைய உணர்வுகளைக் கொண்டிருக்கிறீர்கல் என்பதைப் பற்றிய சரியான விடையை தேர்ந்தெடுக்கவும்,தாங்கள் கூறும் பதில்கள் ரகசியமாக வைக்கப்பட்டு இந்த ஆ ஆரய்ச்சிக்காக மட்டுமே பயன்படுத்தப்படும்.

வ. எண்	வகை	ஏற்றுக் கொள்கிறேன்	முடிவெடுக்க வில்லை	மறுக்கிறேன்
1.	என் வாழ்க்கை கவலையாக உள்ளது	3	2	1
2.	நான் பார்த்தவரையில் என் வாழ்க்கை சந்தோசமுள்ளதாக இருக்கிறது	1	2	3
3.	என்னுடைய இளமைப்பருவத்தில் நான் சந்தோஷமாக இருந்தேன்	1	2	3
4.	என்னுடைய வாழ்க்கை வெறுமையாக இருப்பதைப் போல் உணர்கிறேன்	3	2	1
5.	என்னுடைய வாழ்க்கை இருண்டதாக இருக்கிறது	3	2	1
6.	என்னைச் சுற்றி உள்ளவர்களுக்கு நான் பயனள்ளவனாக இருக்கிறேன்	1	2	3
7.	சில சமயங்களில் நான் வாழ்வதற்கே தேவையில்லை என்று உணர்கிறேன்	3	2	1

8.	என்னுடைய வாழ்க்கை இன்னும் மும்முரமாக மற்றும் பயனள்ளதாக இருக்கிறது	1	2	3
9.	நான் நினைத்ததை செய்து முடிக்க குறிப்பிட்ட நேரம் போதவில்லை	1	2	3
10.	என்னுடைய வாழ்க்கையில் அதிகப்படியான நன்மைகளை நான் பெற்றுள்ளேன்.	1	2	3
11.	நான் செய்த காரியங்கள் அனைத்தும் பெரும்பாலும் சலிப்பாகவும், ஒரேமாதிரியாகவும் இருக்கிறது	3	2	1
12.	எனக்கு வயதான பின்பும் நான் நினைக்கின்ற காரியங்கள் அனைத்தும் சிறப்பானவையாக இருக்கும் என்று நம்புகிறேன்	1	2	3
13.	நான் வயதானவனாக உணர்கிறேன். எனக்கு சில சமயங்களில் சோர்வு ஏற்படுகிறது	3	2	1
14.	என்னுடைய வாழ்க்கையை நான் திரும்பிப்பார்க்கும்போது எனக்கு திருப்திகரமாக உள்ளது	1	2	3
15.	என் வயதினரோடு ஒப்பிடும்போது என் வாழ்க்கையில் நான் எடுத்த முடிவுகள் அனைத்தும் முட்டாள்தனமானவை	3	2	1

16.	தற்போது என் வாழ்க்கை திருப்திகரமாக இல்லை.	3	2	1
17.	என் வாழ்க்கையில் நிறைய விசயங்கள் நான் எதிர்பார்த்ததைவிட அழகானவையாகவே அமைந்தன.	1	2	3
18.	நான் தனிமைப்படுத்தப்பட்டதாக உணர்கிறேன்	3	2	1
19.	எனக்கு மற்றவர்களின் உதவி தேவையில்லை என்று நினைக்கிறேன்	3	2	1
20.	நான் யாருக்கும் நெருக்கமானவனாக இருந்ததில்லை	3	2	1
21.	என்னை உண்மையாகவே புரிந்துகொண்டவர்கள் இருக்கிறார்கள்	1	2	3
22.	மக்கள் என்னைச் சுற்றி இருக்கிறார்கள். ஆனால் என்னோடு இல்லை.	3	2	1
23.	என்னுடைய வயதை உணர்கிறேன். ஆனால் அது எனக்கு கவலையை உருவாக்குவதில்லை.	1	2	3
24.	என்னுடைய குழந்தைகள் வீட்டின் பொறுப்புகளை ஏற்றுக்கொள்வதை ஒத்துக்கொள்கிறேன்.	1	2	3
25.	என்னுடைய சிறந்த நிலைக்காக வீட்டின் உறுப்பினர்களுடைய தீர்மானத்தை விரும்பவில்லை	3	2	1

26.	என் குழந்தைகள் மற்றும் பேரப்பிள்ளைகளின் வேலைகளினின்று விலகி இருக்கிறேன்.	3	2	1
27.	எனக்கு என்னுடைய குடும்பத்தில் மரியாதை இல்லை	3	2	1
28.	நான் செய்யும் எல்லா காரியங்களுமே என்னுடைய குடும்ப உறுப்பினர்களுக்காக மட்டும்தான்	1	2	3
29.	என்னைச்சுற்றி இருப்பவர்களால் எனக்கு மதிப்பு இல்லை.	3	2	1
30.	நான் உபயோகமற்ற வாழ்க்கை வாழ்கிறேன் என்று உணர்கிறேன்	3	2	1

APPENDIX IX

PHOTO GALLARY

INVESTIGATOR COLLECTING DATA

INVESTIGATOR COLLECTING DATA